



# PRACTICES FOR A SAFE WORKPLACE

International Container Terminal Services, Inc.



## About this document

**“Practices for a Safe Workplace”** is ICTSI’s omnibus guidance on the Company’s response to prevent and reduce transmission of the coronavirus disease-2019 (COVID-19) in our workplace, maintain healthy business operations, and reduce its impact on employees and stakeholders. This document will be continuously updated based on ICTSI’s current best practices and guidelines, and as information becomes available.

Guidelines, policies, and regulations discussed in this document were prepared in the context of ICTSI’s operations, specifically at its flagship Manila International Container Terminal (MICT). While these present minimum standards across the entire ICTSI Group, regulatory requirements are subject to change and may differ in territories where the Company operates. Compliance with all applicable laws and regulations is the sole responsibility of the end user.



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# MESSAGE FROM OUR EXECUTIVE VICE PRESIDENT



ICTSI is proud to be a frontliner in the task of delivering essential goods, medicine and medical supplies to fight the pandemic. Extraordinary efforts were and continue to be made by each and everyone one of us to achieve this feat amid what is probably the most daunting work environment we have ever had to work in. Through it all, we take great consideration to keep our employees and our stakeholders safe, sound and healthy.

We realize that as we gradually move into what will now be our future workplace, we will have to adopt and adapt to new social behavior and norms in the way we conduct business. At the same time, we will have to ensure that our workplace continues to be a safe, secure and hygienic zone.

This guide – **Practices for a Safe Workplace** – will steer us into transitioning into what will now be our future workplace. I urge you to read it, to adopt it, as these will now form part of our daily work routine for the foreseeable future. It should help us to go about our tasks with renewed vigor and in a more responsible fashion with the comfort of knowing that we are doing so in a safe, secure and hygienic atmosphere. It also manifests our solidarity with our governing agencies as it incorporates their directives for conducting business during the pandemic. This guide will be evolving, and changes may be made as new circumstances arise.

Let us all help each other to remain safe and healthy. We should be even prouder now that we are able to move into the future.



**Christian R. Gonzalez**  
Executive Vice President

29 May 2020

# OUR RESPONSE TO COVID-19



# Our response to COVID-19

## Four Areas of Focus



### **Swift and significant action taken to protect our people and our business**

The COVID-19 pandemic has changed the world as we know it. In this challenging time, ICTSI's mission to keep the global supply chain moving has never been more important. We are proactively doing our part to facilitate the movement of global trade by ensuring all our terminals around the world continue to operate safely and efficiently throughout this crisis.

Our collective response to this crisis focuses on protecting the lives and the livelihoods of our employees, maintaining the high quality of service for our customers, supporting our partner communities and stakeholders, and ensuring the continuity of our business.

Our top priority is the health and safety of every ICTSI employee. Across our business units, we implemented remote work arrangements where possible and continue to provide our employees with resources and updates on the latest health guidelines from local authorities. We also set up mandatory health and temperature screenings in all terminal entry points and conduct regular disinfection of our facilities to safeguard employees manning our critical operations.

To maintain the smooth flow of cargo in and out of our ports, we continue to support cargo owners and truckers to help minimize the logistical disruptions created by COVID-19. Our operation is but a link in the larger logistics chain, and the only way to minimize disruptions in the chain is for all the links to work together.

ICTSI also remains steadfast in its commitment to partner communities, which are some of the most vulnerable to the economic and social impacts of COVID-19. Across the Group, our terminals have mobilized localized efforts to assist their respective host communities and support partner government initiatives. Wherever we operate, our success has always been anchored on our deep-rooted culture of compassion for our people and stakeholders. We will continue to work alongside our host communities to navigate through this difficult time together.

As the pandemic continues to stifle global trade, we remain confident in our ability to emerge stronger from crises. Our agility, financial prudence, enhanced liquidity, and diverse portfolio has enabled us to absorb the negative impact of this crisis. Aside from implementing cost controls, we also refined our operations by transitioning to automated processes and online payments where we can to limit human interaction. Most importantly, we continue to strengthen our relationships with key importers and exporters, regulators, and partner governments to establish a united front against COVID-19.

ICTSI is not a stranger to crisis. We thrive in difficulty. We thank our global management team and all our employees for their resilience during this unprecedented time. The lessons from this pandemic will help us emerge stronger and more connected to the communities we serve and our stakeholders in the supply chain. We will continue to mobilize our resources and implement necessary measures as we embrace the new normal while staying true to the values that have driven our success for the past three decades.

## Responsibility of every ICTSI employee in our future workplace

With varying degrees of quarantine and lockdown scenarios across the globe, our current way of work life has been disrupted as we join global efforts to control the spread of COVID-19. As our ports and terminals will have to continue operating 24/7 to ensure the uninterrupted flow of trade in countries where we operate, it is a must for every ICTSI employee to adapt with resilience to ensure that we protect each other, our facilities, and our stakeholders.

In our workplace, every ICTSI employee should continue to:

- **Observe the face covering requirement**  
Face masks and face shields should always be worn in common areas and any workspace where physical distancing guidelines can't be met.
- **Maintain good personal hygiene**  
Good personal and respiratory hygiene is still the very best weapon in any fight between humans and contagious diseases. This includes wearing of face masks, regular hand-washing and use of alcohol rub, avoid touching the face, and follow proper cough etiquette.
- **Observe physical distancing**  
Physical distancing is exactly what it sounds like: limiting face-to-face contact with other people. Given the public health risks of COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the globe.



- **Protect each other's safety by monitoring health signs**  
People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Employees are advised to stay at home and report to their line managers if they experience any of or a combination the following symptoms: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and loss of taste or smell.

## **Increasing physical and mental resilience**

With the realities of our newly virtual lives, it is normal to feel sad, stressed, confused, scared or angry during a crisis. Taking steps to look after your wellbeing can help you deal with the anxiety and stress associated with the COVID-19 outbreak.

- **Make some lifestyle changes**  
Finding an activity or goal that's completely different from the things causing you stress is a great way to deal from everyday pressures. If stress or anxiety is making you feel lonely or isolated, shared hobbies can also be a good way to meet new people.
- **Look after your physical health**  
Being physically active, eating healthy, and getting adequate rest are important for both our physical and mental health. Even making small changes, such as going for a regular walk outside, or changing unhealthy eating habits may help you feel less stressed.



- **Building your support network**

Remember that whatever you're going through that's causing you stress, you don't have to cope with it alone. Maintaining social contact with loved ones, co-workers, family, and friends will help you feel less overwhelmed.



For mental health concerns, you may reach out to the **National Center for Mental Health** hotlines: 0917-899-USAP (8727), (02) 7989-USAP (8727) or 1553.

### **Strictly adhering to our reporting procedures for sickness**

As per workplace guidelines issued by the Philippine Department of Health (DOH), anyone with even a mild cough or low-grade fever ( $>37.4$  °C, or more) needs to stay at home and isolate. Employees should also stay home (or work from home) if they have had to take simple paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection.

Employees should truthfully and honestly inform the Company, through the weekly Health Checklist and your Department/Section Managers, if:

- You experience any COVID-19 related symptoms;
- You have been exposed to a confirmed COVID-19 patient, or had any contact with any person who has COVID-19 symptoms;
- You had travel history outside of the Philippines; and
- You took any COVID tests outside of work.

Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.

Employees manifesting any of the symptoms for COVID-19 should inform their respective Department/Section Managers and are encouraged to contact the ICTSI Clinic through the following:

Email: [medicalstaff@ictsi.com](mailto:medicalstaff@ictsi.com)

Landline: +63 2 8247 8041

Mobile: +63 919 632 0853

# Key Corporate Standards

Across the entire ICTSI Group, we are wholly dedicated to uncompromising safety standards and protocols to help protect our employees, stakeholders, contractors, and business partners against the threat of the coronavirus disease (COVID-19) pandemic. Regardless of location, ICTSI is implementing the following key corporate standards at a minimum:



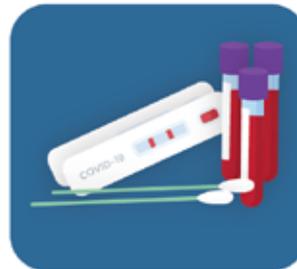
**Facial coverings required**



**Required site policies for contractors and visitors**



**Disinfection and hygiene required, especially in common areas**



**Employee testing as part of workplace reintegration plans**



**Health screening and contact tracing as part of global facility entry processes**



**Transition to automated and online processes whenever possible, to limit human interaction**



**Personal protective equipment (as applicable to port operations) required**



**Communication and training prior to return to workplace**



**Physical distancing required (at least 1 meter)**



**Maintaining a culture of care through our behaviors and actions**

# EMPLOYEE GUIDELINES



## Observing minimum health standards

ICTSI gives utmost importance to safety. While COVID-19 primarily spreads through respiratory droplets or contact with contaminated surfaces, the risk of transmission can be substantially reduced by practicing minimum health standards. Pursuant to health and safety protocols issued by authorities, ICTSI has implemented appropriate compliance with safe work practices for all employees/ contractors/ visitors, as suitable to port operations.

MINIMUM HEALTH STANDARDS ACROSS ICTSI PHILIPPINE TERMINALS			
 <p>Face shields &amp; masks should be worn together at all times when interacting with colleagues and port users</p>	 <p>Prescription glasses may be used in office environments provided it fully covers the eyes</p>	 <p>Safety goggles may be used as face shield for those in terminal operations</p>	 <p>Visor face shield, mask with valves are strictly prohibited</p>
 <p>Maintain good personal hygiene</p>		 <p>Practice physical distancing</p>	 <p>Protect each other's safety by monitoring health signs</p>

There is growing evidence that wearing face coverings in an enclosed space helps protect individuals and those around them from COVID-19. In the Philippines, the government has expanded anew its eye and face protection requirement by making the wearing of face masks and face shields mandatory in the workplace and all other public areas.

Per latest WHO guidelines, medical masks are recommended for anyone who is feeling unwell, including people with mild symptoms; and those caring for suspected or confirmed COVID-19 cases. Meanwhile, non-medical, fabric masks made from indigenous materials are advised for use by the general public when physical distance cannot be maintained. Use of face masks with filtering respirators are discouraged as they do not properly block potentially infectious respiratory droplets.

In the case of frontal exposure, the use of face shields made of plastic are seen to efficiently block droplets, providing protection for portions of the face which masks do not cover. Visor face shields (those covering half of the face) are likewise discouraged since they do not provide a full coverage of the face against infectious droplets.

Over and above the face shield requirement, ICTSI (based on a risk assessment) has prescribed the use of eye and face protection suitable to the work activity being undertaken. Safety glasses or goggles may be used by employees involved in terminal operations, mainly to protect them against infectious droplets without compromising employee visibility and impairing movement; while employee-owned prescription glasses may be used only in office environments, provided it fully covers the eyes. Face shields and masks should always be worn together, on top of other ICTSI-required PPEs for working at the terminal.

ICTSI employees, contractors and visitors are likewise advised to continue with the 'Do it all' approach: including maintaining physical hygiene, practicing physical distancing, and protecting each other's safety by monitoring health signs.

Unless otherwise stated under relevant laws, rules or regulations, government-required PPEs, such as, but not limited to face shields, shall be a requirement for ICTSI's contractors, customers and port users' entry to ICTSI premises. These PPEs shall be for their own account or provided by their respective employers.

**Face shields or safety glasses, as may be appropriate, must always be worn in the following:**

- All terminal entry and exit points, ingress and egress facilities, including parking areas;
- Admin and Operations offices, including but not limited to the usual crowded areas where social distancing may be beyond the individual's own control: corridors, common restrooms areas, open office spaces, frontline offices, conference rooms with five people or more, workstations facing other employees i.e. no wall or divider, and Pass Control; and
- Shuttle / bus services.

**Face shields or safety glasses for the purpose of added Covid-19 protection are NOT required to be worn by:**

- Equipment operators working on equipment;
- Workers on quayside/onboard vessels and those involved in Engineering mobile operations. However, safety glasses may be required based on ICTSI's safety protocols;
- Less than five people in an office or conference room, provided that social distancing and other government regulatory requirements are all complied with; and
- Employees working alone, or in a space providing necessary social distancing provision (>5 feet and no direct face-to-face contact) or in isolation.

# A day in the life of an ICTSI Employee: Guidelines for specific work scenarios



## Going to work

- All employees should accomplish a [Health Declaration Form](#), or any digital iteration prior to entering the terminal/workplace, and have it submitted weekly to your respective HR Departments before reporting to work.
- Prepare your own Personal Protection Kit: alcohol-based sanitizers, face mask, face shield (or safety goggles for employees in terminal operations) and gloves (for frontline services).
- Wear your mask the moment you step out of your home.
- If commuting via public transportation:
  - Maintain physical distance inside the vehicle
  - Use cashless payment, if available
  - Avoid touching handrails or other high-touch areas as much as possible
  - Sanitize hands after touching money, handrails, doors
  - Try to travel outside rush hours

## Riding ICTSI shuttles

- Arrive at your designated pick-up points early to ensure that everyone arrives on time prior to the next shift. Observe physical distancing from other passengers while waiting.
- Minimum public health standards should always be observed in the shuttle service, including use of face shield and face masks, physical distancing of at least one seat apart, and frequent disinfection.
- Use the provided hand sanitizers after touching frequently handled objects, including handrails and doorknobs
- For roving vans inside the terminal, only a maximum of six passengers shall be allowed to board.



### **Upon entering the terminal**

- Follow the protocols upon entry (using the disinfection machine, foot bath, and provided hand sanitizers, queueing for temperature check, keeping face shields and masks on, and observing physical distancing) at all main entry points.
- Individuals with temperature at 37.4 degrees Celsius or lower and responded “No” to all questions in the Health Checklist will be allowed to enter the terminal.
- Aside from wearing masks, use appropriate Personal Protective Equipment (PPE) when entering the terminal premises

### **Working in the workplace**

- Employees are encouraged to conduct surface disinfection in their workstations before the start of the shift, intermittently during shift, and at the end of the shift; and routinely sanitize using alcohol-based rubs.
- Stay in your own workstations whenever possible. Limit movements between buildings and offices.
- All employees should wear face shields and masks and remove the same only when eating and drinking. Duty supervisors up to managers shall ensure team members’ compliance.
- Everyone should observe the wearing of additional PPE as needed by their function.
  - Security personnel, receptionists, tellers, clerks, info personnel, and cleaners must wear face shields and masks, and disposable gloves.
- Observe at least 1-meter physical distancing in the staff and training areas.
- Follow ingress/egress routes inside your area. Directional signs will be posted.

## Meals and lunch breaks

- Lunch breaks must be staggered when possible to limit the number of people in pantries.
- The face mask may be removed when eating or drinking during lunch breaks, but physical distancing must be observed.
- Place your face shields and masks inside a paper bag or put them on top of a clean tissue paper to minimize cross contamination with other items and persons.
- Consider alternative areas for lunch breaks. Employees may eat in individual workstations.
- Whenever possible, try to bring your own meals and utensils.

## Comfort rooms and lactation stations

- Employees should always wear masks and wash their hands when using comfort rooms and lactation stations (at Admin Bldg. 2nd Floor, for female employees).
- Always observe occupancy limits and maintain physical distancing.





### **Using port equipment and vehicle fleets**

- Alongside required PPEs inside the terminal, employees should be wearing masks and wear gloves at all times when using port equipment and vehicle fleets.
- Before and after using, and as a matter of courtesy to the next user, disinfect high-touch areas of the port equipment / vehicle – including door knobs, steering wheels, buttons, tablets, among others by sanitizing it using a cloth or tissue dabbed with alcohol rub.

### **Contact with vessel crews**

- In accordance with Department of Transportation (DoTr) guidelines for the Maritime Sector, all stevedores, particularly those involved in quayside operations, should refrain from making any contact with international vessel crews and other personnel involved in quarantine procedures. As permissible, limit interaction to a single crew member only.
- Safety glasses and face masks should always be worn together by stevedores assigned to board the vessels, alongside gloves and other required PPEs.
- All stevedores should perform hand hygiene and disinfection procedures at designated sanitation stations immediately after disembarking the vessel.
- Any identified physical or health hazards should be immediately reported to the assigned vessel supervisor or any HSE personnel.

## Contact with other port users (truckers, brokers, other terminal visitors)

- All employees, particularly those involved in critical frontline services (those requiring face-to-face interactions) and landside operation should always wear face shields and masks, alongside gloves and other required PPEs.
- For Yard Equipment Operators, as necessary, use hand signals to communicate with outside truckers / drivers for any safety issue/concern on import delivery and export receiving.
- Hand hygiene and disinfection procedures should be routinely performed, whenever possible.

## Public and high foot traffic areas in the terminal

- Practice physical distancing and observe occupancy limits in public and high foot traffic areas – including Pass Control, designated smoking areas, billing centers, banks, customer lounges, automated teller machines, among others.
- Routinely perform hand hygiene measures and use foot baths before and after entering these locations.
- Follow ingress/egress routes at your area. Directional signs will be posted.

## Waste Disposal

- Seal all used face shields and masks, gloves, PPEs, hygiene materials and non-infectious medical wastes before disposing them at the designated yellow trash bins, and not in regular trash bins within your immediate workstations or mess halls.





### **Official business and field work**

- Employees are encouraged to conduct meetings virtually (through Microsoft Teams) and use paperless document transmittal through email or official file sharing platforms (Microsoft OneDrive and SharePoint).
- If in-person meetings are unavoidable, follow all ICTSI protocols and respective client protocols on health and safety.
- As much as possible, use a private or company vehicle when going to and from official business. If taking public transportation, please take necessary precautions on physical distancing and sanitation.
- Inform your Department/Section manager immediately for any concerns regarding client protocols or requests which you feel may jeopardize your health and safety.

## Going home after work and arriving at home

- Try to leave the office individually instead of departing together in groups.
- When riding ICTSI shuttles, embark on time at designated terminal pickup points to avoid delays.
- Follow minimum public health standards and physical distancing guidelines when using public transportation
- Disinfect your shoes and if it is safe, leave them outside.
- Discard single-use masks in a closed bin. For reusable masks, wash it thoroughly and have them air-dried.
- Disinfect your gadgets and other personal belongings that may have been exposed in public areas.
- Wash your hands properly after entering your home. Take a bath and change into clean clothes before interacting closely with your loved ones.
- Get enough sleep to strengthen your immune system



# COMPANY GUIDELINES



# Company Guidelines

## Detection

- All employees and visitors, upon entering ICTSI facilities, are required to accomplish the [Health Declaration Form](#) or any digital iteration thereof. The security staff or other responsible personnel shall immediately screen the accomplished form and perform a temperature check.
  - If “Yes” to any item is answered or if with a temperature >37.4 degrees Celsius, the employee or visitor shall be denied entry and will be referred to the workplace isolation area maintained by the ICTSI Clinic or the Terminal HR / HSE for further evaluation.
  - If “No” to all items are answered and temperature is equal to or less than 37.4 degrees Celsius, the employee or visitor shall be permitted entry.
  - Security staff or other responsible personnel on duty shall immediately give the accomplished health declaration form to the Terminal HR for appropriate action and storage.
- Alongside ICTSI-mandated health protocols, employees and guests entering the ICTSI Administration Building in Manila will be required to install Microsoft PowerApps to access the [electronic ICTSI Employee Health Checklist](#) (see Annex C). In facilities with direct supervision by the Philippine Ports Authority (PPA), the TRAZE Contact Tracing App shall be utilized. Those without PowerApps or TRAZE shall be asked to install the mobile app before entry to the facility.
- The Health Declaration Form, as well as the Oath of Undertaking, shall be handled and processed in accordance with the Data Privacy Act. Personal data shall be stored only for a limited period and shall be disposed of properly after thirty (30) days from date of accomplishment.
- Employees have full responsibility to inform the company of their health condition and travel history. Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.

## Case finding and management of COVID-19 cases

- A workplace isolation area shall be maintained by the ICTSI Clinic or Terminal HR for employees or visitors needing further assessment due to elevated temperature, presence of flu-like symptoms, any “Yes” answer to the Health Declaration Form, or exposure history to a COVID-19 case or probable case thereof. At the MICT, the isolation area tent is in front of the ICTSI Clinic.
- An initial screening will be conducted for all suspected cases referred to the ICTSI Clinic:
  - All individuals shall be asked to keep their face masks and face shields on during isolation;
  - Isolation area/screening personnel shall wear the recommended Level 1 PPEs prior to attending the symptomatic employee / visitor (see Annex D – Clinic protocols for duty and transport to hospitals);

- All symptomatic individuals shall be endorsed to appropriate health system entry points for handling symptomatic patients; and
- All asymptomatic individuals, including those with close contact, shall be asked to undergo quarantine (in a temporary treatment facility or home quarantine) for 14 days.
- When a suspect, probable or confirmed case at work has been identified, Terminal HR / HSE shall determine and trace all close contacts of the case.
  - Listed close contacts outside of the Company shall be referred to the LGU contact tracing teams.
- Employees who exhibit symptoms of mild cough or fever, or those who must take simple paracetamol/acetaminophen, ibuprofen or aspirin prior to reporting for work will be advised to stay at home and report their symptoms to the Clinic and their Department/Section Managers.

## Contact Tracing

- To avoid delays in implementing health measures, contact tracing should begin immediately after a suspected case has been identified without waiting for laboratory results. Every effort should be made to minimize the exposure of other employees or visitors to environmental exposures of the suspected case, and contacts must be separated from other employees as soon as possible.
- Terminal HR / HSE shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
- During the 14-day quarantine, close contacts should regularly report to their Department/Section Manager or Terminal HR any new development, including new symptoms. Symptomatic employees should update their Department/Section Manager regarding any COVID-19 test results taken outside the Company.
- Close contacts who remain asymptomatic for 14 days may return to work after completing the Company's reintegration procedures.
- Reporting to the DOLE shall be made in accordance with Section X of the DTI-DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19, using the [Work Accident/Illness Report \(WAIR\) form](#).

## Notification and Reporting

- Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled "Revised Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health."
- Prior to testing, Terminal HSE / HR shall report COVID-19 positive employees, symptomatic employees, and their close contacts to the local health office having jurisdiction over the workplace, in accordance with [DOH DM No. 2020-0189](#).
- The data privacy provisions under the Data Privacy Act and DM 2020-0189 shall be strictly complied with to ensure that the data privacy rights of patients/subjects are respected and protected.

- Reporting to the DOLE shall be made in accordance with Section X of the DTI-DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19, using the [Work Accident/Illness Report \(WAIR\) form.](#)

## **Employee reintegration**

- All returning employees shall be screened for symptoms of COVID-19, including fever, cough, colds and other respiratory symptoms, and/or relevant history of travel or exposure within the last 14 days. A fit-to-work clearance must be secured first from the ICTSI Clinic prior to return for work.
- Returning employees and workers who were previously symptomatic shall present a Certificate of Quarantine Completion issued by the step-down care facility or local health office, whichever is applicable, upon fulfillment of the criteria for discharge.
- If asymptomatic within the last fourteen (14) days prior to the date of work resumption, employees and workers can be cleared to physically return to work.

## **COVID-19 testing for employees**

- Employees entering ICTSI facilities, including those who will continue to work from home, will have to submit themselves to COVID-19 tests and prove negative before access will be permitted. Subsequent testing shall be done as needed.
- ICTSI shall test asymptomatic returning employees based on the guidelines issued by the DOH in its MC No. 2020-0220, or Interim Guidelines on the Return to Work dated May 11, 2020.
- Global Corporate/Terminal HRs shall implement guidelines on COVID testing.

## **Occupational Safety and Health (OSH) Committees**

- The Terminal Health, Safety and Environment (HSE) and Human Resource (HR) Departments shall oversee the enforcement and monitoring of the minimum public health standards for COVID-19 under DOLE Department Order No. 198, series of 2018; and JMC No. 20-04-A: DTI and DOLE Supplemental Guidelines on Workplace Prevention and Control of COVID-19.
- Department and Section Managers, alongside duty supervisors shall ensure the enforcement of physical distancing and personal protective equipment (PPE) requirements in the workplace, including wearing of face mask, face shields or eye protection at all times, except when eating or drinking.

## **Enforcement of physical distancing requirements**

- Physical distancing shall be the norm – at least one (1) meter distance from the next person, and occupancy limits for all high foot-traffic areas shall always be observed.
- Visual guides and temporary barriers may be installed to enforce physical distancing.
- Security personnel in-charge shall ensure and monitor compliance with physical distancing requirements.

## **Housekeeping, disinfection and decontamination of work areas**

- As applicable, handwashing facilities, hand sanitizers and dispensers, foot baths, and disinfection machines shall be provided at all entry and exit points, corridors, and stairways. Regular disinfection shall be done in all public and high-traffic areas, including pass control, designated smoking areas, frontline offices, automated teller machines, mess halls, and office areas to stop the spread of COVID-19.
- In accordance with WHO's guidance about infection prevention and control when COVID-19 is suspected -- cleaning and disinfection of work areas, port facilities, equipment, vehicles, and quarters occupied by suspected patients and close contacts of a confirmed COVID-19 should be carried out. The remainder should also be cleaned and disinfected. Depending on contact tracing, granular lockdowns of up to 24 hours may be implemented before resuming work.
- Vehicles entering company premises shall likewise undergo disinfection in accordance with facility entry procedures.

## **Waste Disposal**

- ICTSI shall strictly abide with all safety, health, and environmental management procedures for the disposal and handling of dangerous goods and waste at the port in territories where the Company operates. In the Philippines, proper waste disposal shall comply with the DOH Health Care Waste Management Manual, DM 2020-0170, and relevant regulations under the International Maritime Organization (IMO).
- The disposal of mask, gloves, PPEs, hygiene materials and non-infectious medical wastes should only be disposed at appropriate color-coded trash bins. Such wastes will be considered as hazardous wastes and must be segregated into separate enclosed receptacles, bins, or completely sealed plastic bags prior to collection.
- Management and final disposal of waste shall be the responsibility of trained personnel, in coordination with the DENR and the LGU.

## **On contractors, concessionaires, and their staff**

- Contractors, concessionaires and other staff entering ICTSI terminals shall comply with health and safety guidelines set by the Company and local authorities against COVID-19.
- In the case of contracts for construction projects and for security, janitorial and other services, the cost of COVID-19 prevention and control measures shall be borne by the principal or clients of the construction/service contractor. (DOLE Labor Advisory No. 18, 16 May 2020)
- Contractors and concessionaires should likewise implement their own safety guidelines to protect their staff from the disease

## **Employee and safety communication**

- Continuous bulletins, through e-mail or text message, shall be regularly sent to all employees about the risk of COVID-19 using official sources, such as government agencies and the WHO. TV monitors across ICTSI terminals shall continue to play materials on COVID-19 prevention. Printed materials shall also be made available.
- Special attention should be given to reaching out to and engaging vulnerable workers, including those suffering from mental health issues.
- All safety communication materials should have the prior of the Terminal Head or HR Head before posting or implementation and should be consistent with national or local guidelines on COVID-19 prevention.

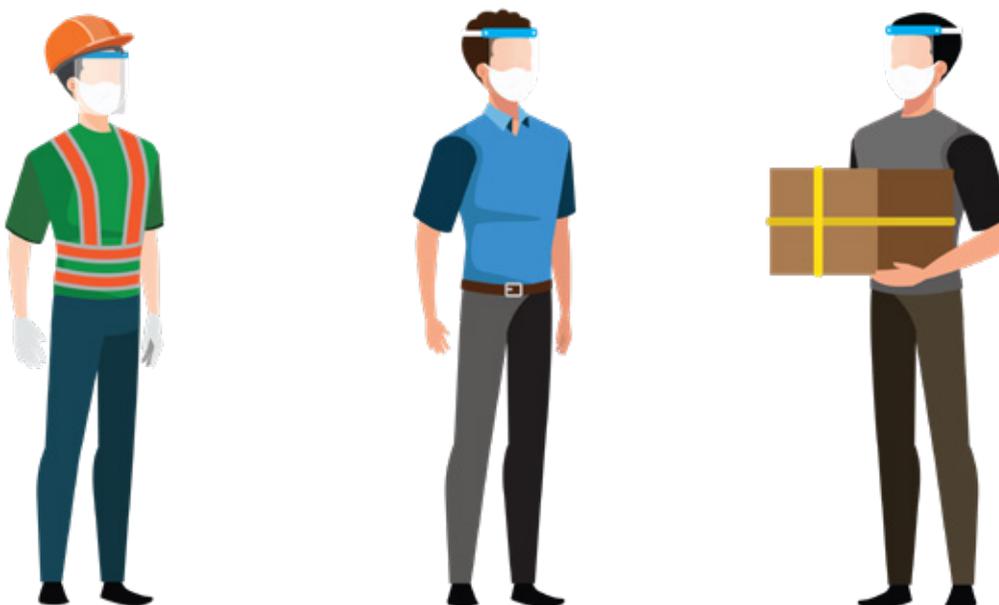


# DOING BUSINESS WITH ICTSI

## Doing business with ICTSI

Consistent with ICTSI’s purpose and values, we work to establish contractor and supplier relationships that contribute to shareholder value and are the best for our stakeholders. Our contractors and suppliers provide valuable services for ICTSI and their services are either engaged on a regular or on an infrequent basis. While work carried out by contracted personnel is non-routine and often involves varying degree of risks, ICTSI is committed to ensuring their health and safety while protecting the Company and its employees against the risks of COVID-19.

At the Manila International Container Terminal, contractors/suppliers are categorized based on the project duration and complexity of tasks:



<p><b>Category A</b> With multiple types of work within ICTSI-MICT premises, or with close contact with ICTSI-MICT employees, and with a project duration of two days or more</p>	<p><b>Category B</b> Those who perform a single type of work within ICTSI-MICT premises, with a duration of one day or less.</p>	<p><b>Category C</b> Those who: (1) only deliver goods ordered by the Company; and (2) do not have any installation work or any work related to the delivered goods</p>
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Prior to deployment, all contractors and suppliers should submit supporting documents on the Contractor / Supplier Checklist to the MICT HSE Department.  
**Only compliant contractors and suppliers will be allowed access to MICT.**

<p>Requirements</p>	<p>-Notarized copy of the Vendor Certification on Compliance with COVID-19 Protocol -Signed copy of the Vendor’s Checklist for COVID-19 Prevention and Control, along with applicable supporting documents</p>
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## Vendor's Checklist for COVID-19 Prevention and Control

Requirements	Category A	Category B	Category C	Details
<b>PRIOR TO DEPLOYMENT</b>				
1. Health Certification – stating that ALL deployed employees do not have any pre-existing conditions, no COVID-19-related symptoms and no close contact with COVID-19 positive person	Company Certification with Individual Health Certification	Company Certification with List of Personnel for Deployment	Company Certification with List of Personnel for Deployment	Accredited hospital or clinic details (name of hospital or clinic, address and contact number)
2. COVID-19 testing of employees for deployment	Required for all deployed personnel; Submission of valid certification that everyone is negative from COVID-19	Required for all deployed personnel; Submission of valid certification that everyone is negative from COVID-19	Required for those who will deliver goods inside the ICTSI Administration Bldg.	DOH accredited hospital or clinic or testing laboratory details (name of hospital or clinic or testing laboratory, address and contact number). Tests must be done within 1 week for those with projects at the ICTSI Administration Bldg.; within 2 weeks for the rest, prior to deployment. At the minimum, COVID-19 rapid test (antibody) is required. A negative or an IGG+ Asymptomatic (recovered) result will be acceptable.
3. HSE Induction	Completion of the standard in-person HSE Induction	Completion of the standard in-person HSE Induction or Electronic Induction	Need to familiarize themselves with the HSE Protocols being implemented at the MICT	Related procedures included in the HSE Induction are the ff: <ul style="list-style-type: none"> <li>• Terminal Safety Protocol</li> <li>• Use of Personal Protective Equipment</li> <li>• Use of mobile phones while operating or driving inside the terminal.</li> <li>• Visitors Entry Protocol for the Prevention and Control of COVID-19</li> </ul>

4. Contractors' COVID-19 Prevention and Control Plan	Must be submitted to HSE Department for approval	Not required	Not required	<p>At the minimum, must specifically contain the ff COVID-19 protocols:</p> <ul style="list-style-type: none"> <li>• Social distancing in office and during work at site (shuttle arrangement, toolbox lay-out, etc.)</li> <li>• Sanitation measures</li> <li>• Disinfection protocols</li> <li>• Communication protocols on COVID-19, including IEC Materials</li> <li>• Health Check and Monitoring Prior and During the project</li> <li>• Handling of suspected COVID-19 employee on site</li> <li>• PPE Provisions</li> <li>• Other COVID-19 preventive measures to be implemented</li> </ul>
5. Disinfection and sanitation protocols, MSDS of chemicals to be used, waste management and availability of a quarantine facility or tie-up facility	Should be included in Contractors' COVID-19 Prevention and Control Plan submitted to HSE Department	Not Required	Not Required	<p>Must include the area and frequency of disinfection, the types of cleaning materials used to include the MSDS of the said material must be approved by HSE Department. Proper waste bins for the disposal of used masks, gloves, etc. and must be labelled and disposed in accordance with RA 6969. Quarantine facility details includes the ff info.:</p> <ul style="list-style-type: none"> <li>- Name of the Facility</li> <li>- Complete Address</li> <li>- Contact Number</li> <li>- Max. No. of occupants</li> </ul>

6. If available, provision of transportation or shuttle services	Submit list of vehicles to be utilized to HSE Department	Not Required	Not Required	The list of vehicles should contain the ff information: <ul style="list-style-type: none"> <li>- Make</li> <li>- Plate number</li> <li>- Max. no of passengers allowed</li> </ul>
7. If available, provision of housing/ employees' quarters	Submit the complete address/es of housing or employees' quarters to HSE Department	Not Required	Not Required	The list of housing or employees' quarters should contain the ff information: <ul style="list-style-type: none"> <li>- Complete Address</li> <li>- Max. no of employees accommodated</li> </ul>
8. Provision of Vitamin C and other medicines for employees including oxygen tanks	Required to submit any proof of provision to HSE Department	Not Required	Not Required	For other medicines to be provided, please refer to the <a href="#">Table of Medicines, Medical Supplies and Facilities</a> of the DOLE Occupational Safety and Health Standards Manual

## DURING DEPLOYMENT

9. Submission of the PPA Entry Form	Completion of the Individual PPA Entry Form	Completion of the Individual PPA Entry Form	Completion of the Individual PPA Entry Form	To be submitted to the Security Personnel at the Entrance Gates prior to entry
10. Provision of mandatory PPE such as high-visibility vest, safety shoes, hard hat and face mask	Required + additional PPE as identified during Risk Assessment; required prior to entry	Required + additional PPE as identified during Risk Assessment; required prior to entry	Required prior to entry	Inventory of PPE provided to be submitted to HSE Department
11. Temperature and symptoms check before, during mid-shifts and after	Required	Done at the ICTSI-MICT Entrance	Done at the ICTSI-MICT Entrance	Contractor to provide their own thermometer gun and internal record/ checklist for Category A
12. Breaktime schedule	Required to submit the schedule / plan to HSE Department	Not Required	Not Required	Contractor can be randomly audited by ICTSI during implementation

Under this process, only suppliers/contractors with awarded projects/Purchase Orders will be allowed on-site. Once cleared by MICT HSE Department, Category A suppliers/contractors will be issued with Contractors ID, while a list of allowed personnel under Categories B and C will be provided to Security/Reception/Pass Control for entry at MICT premises.

- Face-to-face meetings should be avoided as possible.
- Teleconference and sharing of site pictures will be used instead of physical pre-bid meetings and site inspections.
- If site inspection cannot be avoided, suppliers/contractors must inform the corresponding ICTSI Project Owner of its personnel details prior to the schedule to get the necessary clearances.

To facilitate contact tracing, the PPA Entry Form should always be complied with by contractors/suppliers for every visit at the terminal.

Requirements should be submitted to:

**Ma. Stephanie T. Tan, MICT HSE Coordinator**

ICTSI HSE Department

Manila International Container Terminal, MICT South Access Road, Manila,  
Philippines 1012

MICTHSETeam@ictsi.com



# COVID-19: SUPPORTING OUR STAKEHOLDERS

## COVID-19: Supporting our Stakeholders

Across its portfolio, International Container Terminal Services, Inc. (ICTSI) continues to live by its values and social purpose by focusing on supporting our people and host communities. With our ports being key to social and economic improvement in our host countries, our resilience and agility is even more relevant nowadays as we try to navigate through the pandemic.



Foremost for the Group is to ensure the safety and protection of its employees who keep the ports open and running so that food, medical supplies and equipment along with necessities are delivered unhampered. Following strict protocols and measures dictated by the World Health Organization, International Maritime Organization and local governments, terminals are sanitized and disinfected to make for a safe working environment. All employees are given PPEs and health and food aid aside from their expanded wage and bonus programs. Rapid COVID-19 test kits have been deployed at several large facilities.

Also across its portfolio, ICTSI has continuously donated personal protective equipment, ventilators and test kits to private and government healthcare facilities, disinfectants to healthcare workers, and food and other critical supplies to truckers, other stakeholders, and vulnerable communities. Logistical support was also given to hospitals as well as psychological support for those in need of it.

The Razon Group has contributed a significant amount to this fight against the spread of COVID19 in all the jurisdictions in which we operate. Donations are coursed through the ICTSI Foundation, MICT Sustainability and Development Unit, and the Bloomberry Cultural Foundation, Inc.:

- Php350 million to national and local government agencies, communities, employees and port stakeholders
- Php100 million to the Philippine Disaster Resilience Foundation (PDRF), as part of the business community-led Project Ugnayan
- Php5 million to support the COVID-19 walk-in testing efforts of the City Government of Manila
- ICTSI Foundation has provided financial assistance and wellness kits to the immediate communities of ICTSI terminals across the Philippines, including partner schools, eco-patrols, and day-care workers within the same communities
- With the shift to online learning, ICTSI Foundation scholars and teachers from partner schools continue to receive aid despite the closure of schools
- Recognizing the role of social workers in helping communities cope with the ill effects of the pandemic, the ICTSI Foundation recently donated personal protective equipment and alcohol rubs to the Department of Social Welfare and Development – NCR and the Philippine Association of Social Workers, Inc. – Manila Chapter.
- ICTSI Foundation provided pallets for the isolation area of the Gat Andres Bonifacio Memorial Medical Center in Delpan, Tondo, which serves ICTSI's immediate communities in Manila.
- ICTSI Foundation reached out to two other needy sectors, the elderly and the indigenous people:
  - Php1 million donation to the Coalition of Services for the Elderly Inc. (COSE) to augment the meager supplies of more than 10,000 senior citizens in Metro Manila
  - ICTSI Foundation donated Php1 million to Project Liwanag to assist 2,000 Aeta families in the mountains of Capas, Tarlac
- ICTSI continues to provide salaries and benefits to employees who report onsite to run the terminal and those who work from home
- In Manila, Philippines, the Razon Group has retro-fitted the Rizal Memorial Sport Complex (RMSC), Ninoy Aquino Stadium and a part of the Philippine General Hospital into COVID-19 isolation facilities. The Group has also built a 600-bed facility, the largest in the National Capital Region.

- Donation of testing kits and medical supplies to local hospitals and government agencies (Inter-Agency Task Force “IATF”) are forthcoming.
- ICTSI implements rapid antibody and RT-PCR testing of its employees, primarily for their protection and in preparation for their eventual re-entry into the workplace.
- Additional safety and security measures have been adopted at our terminals aimed at protecting the welfare of our employees and stakeholders, and to minimize the risk of spreading the virus within our global network:
  - WFH protocols across all terminals where possible
  - Enforcing commercial policies to minimize face to face contact with personnel, both internal and external
  - Across our global portfolio, terminals are sanitized and disinfected, including regular disinfection for all workspaces and shuttle services, especially high foot traffic areas (disinfection of touch points like doorknobs, rails, kiosks, biometric areas, and turnstiles)
  - For those employees who can work from home, they are well-equipped and have the necessary tools and technology to continue to support our customers. Our investment in operational technologies ensures that we can provide highly efficient services.
  - We continue to heed government advice in each jurisdiction and employees are regularly briefed on current guidance.

“Aside from being a health crisis, the pandemic is causing a toll on the economic and social condition of most everyone. Through our individual and collaborative efforts, we hope to somehow reduce and limit the economic and health impact of the virus on our local communities and employees.”

- Enrique K. Razon Jr.  
ICTSI Chairman and President

# APPENDICES

**ZPMC**  
上海振华重工

1 Kontener Pod Chwytnią	51MT
2 Kontenery Pod Chwytnią	51MT
DOR Pod Hakiem	60MT

**GDYNEK**

**ZPMC**  
上海振华重工

1 Kontener Pod Chwytnią	51MT
2 Kontenery Pod Chwytnią	51MT
DOR Pod Hakiem	60MT

# Company Forms and Flowcharts

## Health Checklist – Employees

Online link for Corporate and Admin Bldg. Employees

<http://tiny.cc/ICTSIHealthChecklist-EE>

Downloadable Form

<https://www.dropbox.com/s/ae9dpoa1al4wxd2/1%20Employee%20Health%20Checklist.pdf>



### Health Checklist – Employees

Temperature: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

	Yes	NO	
1. Are you experiencing (Nakakaranas ka ba ng: )	a. Sore throat ( <i>pananakit ng lalamunan/masakit lumunok</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains ( <i>pananakit ng katawan</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache ( <i>pananakit ng ulo</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days ( <i>lagnat sa nakalipas na mga araw</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	e. Cough ( <i>Ubo</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	f. Colds ( <i>Sipon</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	g. Diarrhea ( <i>Pagtatae</i> )	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? ( <i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19/ may impeksyon ng coronavirus</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, coughs, colds and sore throat in the past two (2) weeks? ( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang (2) linggo?</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last fourteen (14) days? ( <i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na labing-apat (14) na araw?</i> ) Specify ( <i>Sabihin kung saan:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? ( <i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i> ) Specify ( <i>Sabihin kung saan:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize **International Container Terminal Services, Inc.**, to collect and process data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

# Health Checklist – Visitors

Online link

<http://tiny.cc/ICTSIHealthChecklist-V>

Downloadable Form

<https://www.dropbox.com/s/twvxkxs7i4efxmn/2%20Visitor%20Health%20Checklist.pdf?dl=0>



## Visitor's Health Check

Kindly set-up an appointment for your visit, as it is necessary for the approval of your entry to the terminal.  
(Papayagan lamang ang pagpasok sa terminal kung may appointment bago ang araw ng pagbisita)

Please be reminded that this checklist should be accomplished on the actual date of your visit.  
(Ang checklist na ito ay kailangang sagutan sa mismong araw ng pagpunta sa terminal)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Nature of Visit:            Official                        If official, fill-in company details below

*Please check one*            Personal                        \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

	Yes	NO	
1. Are you experiencing (nakakaranas ka ba ng: )	a. Sore throat (pananakit ng lalamunan/masakit lumunok)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (pananakit ng katawan)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (pananakit ng ulo)	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days (Lagnat sa nakalipas na mga araw)	<input type="checkbox"/>	<input type="checkbox"/>
	e. Coughs, colds, and diarrhea (ubo, sipon at pananakit ng tiyan at madalas na pagdumi)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19/ may impeksyon ng coronavirus)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, coughs, colds and sore throat in the past 2 weeks? (Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas na dalawang (2) linggo?)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last 14 days? (Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? (Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?) Specify (Sabihin kung saan:)	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize **International Container Terminal Services, Inc.**, to collect and process data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information. (Aking pinapayagan ang International Container Terminal Services, Inc., na kolektahin at iproseso ang mga datos na nakasaad sa checklist na ito bilang bahagi sa pagkontrol ng COVID-19 infection. Aking nauunawaan na ang aking personal na impormasyon ay protektado ng RA 10173, Data Privacy Act of 2012, at kinakailangan kong magbigay ng makatotohanang impormasyon ayon sa RA 11469, Bayanihan to Heal as One Act)

**IMPORTANT REMINDER:** If you have fever or any of the COVID-19 symptoms or have answered YES in any of the questions, PLEASE DO NOT ENTER THE MICT PREMISES. Please proceed to your nearest hospital or Barangay Health Emergency Response Team (BHERT) or call DOH COVID-19 hotline at 02-894-COVID (02-894-26843) and 1555 (MAHALAGANG PAALALA: Kung mayroong lagnat, nakakaranas ng ano mang sintomas ng COVID-19 at kung ang iyong sagot sa alin man sa katanungan sa itaas ay "YES" ay HUWAG NG PUMASOK SA MICT. Pumunta sa pinakamalapit na ospital o Barangay Health Emergency Response Team (BHERT) o tumawag sa DOH COVID-19 hotline 02-894-COVID (02-894-26843) at sa numerong 1555)

# PPA Entry Form (for Port Users and Visitors)

Downloadable Form

<https://www.dropbox.com/s/enrjo578ug972jh/3%20PPA%20Entry%20Form.pdf?dl=0>

## PPA Entry Protocol

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STATE YOUR BODY TEMPERATURE UPON ENTRY: \_\_\_\_\_

PUT A  MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

FEVER	COUGH	COLDS	SORE THROAT

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

DATE	FROM	TO

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? \_\_\_\_\_

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

\_\_\_\_\_  
SIGNATURE

---

## PPA Entry Protocol

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STATE YOUR BODY TEMPERATURE UPON ENTRY: \_\_\_\_\_

PUT A  MARK IF YOU HAVE THE FOLLOWING CONDITIONS:

FEVER	COUGH	COLDS	SORE THROAT

STATE YOUR TRAVEL POINTS FOR THE PAST WEEK:

DATE	FROM	TO

HOW MANY COMPANIONS YOU HAVE IN YOUR RESIDENCE? \_\_\_\_\_

(Consent is hereby given by the undersigned subject to the provisions of RA10173 of the Data Privacy Act)

\_\_\_\_\_  
SIGNATURE

# Oath of Undertaking (for Employees)

Downloadable Form

<https://www.dropbox.com/s/4y5cejpdv72osgu/4%20Oath%20of%20Undertaking.pdf?dl=0>



Republic of the Philippines     )  
City of Manila                     ) S.S.

## OATH OF UNDERTAKING

I, \_\_\_\_\_, Filipino, of legal age, with residential address at \_\_\_\_\_ hereby depose and say that:

1. I am aware of the following legal and regulatory requirements:
  - a. Republic Act No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act which prohibits non-cooperation of any person identified as having the notifiable disease or affected by the health event of public concern and that Coronavirus Disease 2019 (COVID-19) is included as among the notifiable diseases to be mandatorily reported to public health authorities<sup>1</sup>.
  - b. DTI and DOLE issued Interim Guidelines on Workplace Prevention and Control of COVID-19 and one of the requirements is for an employee to truthfully disclose any information required in the Health Symptoms Questionnaire.
2. I undertake to truthfully and honestly disclose in the said questionnaire:
  - a. **if** I experience any COVID-19 related symptoms,
  - b. **if** I have been exposed to a confirmed COVID-19 patient or had contact with any person who has COVID-19 symptoms,
  - c. **if** I have a travel history outside of the Philippines;
  - d. and other information that may be required by the questionnaire, which I have read and understood and is attached herewith as **Annex A**.
3. When I report to and enter the premises of Manila International Container Terminal or its Administration Building or any of ICTSI's offices and I have not filled-up the questionnaire, I am representing to my employer that I am **not** experiencing any COVID-19 related symptoms, I was **not** exposed to a confirmed COVID-19 patient, had **no** contact with any person who has COVID-19 symptoms and have nothing to disclose as may be required by the questionnaire.
4. I understand that when I fill-up the questionnaire, it will be assessed by my employer and that I will have to comply with the company's health and safety protocols.

<sup>1</sup> Through a defined surveillance system as provided for in DOH Administrative Order No. 2020-0012 and Administrative Order No. 2020-0013.



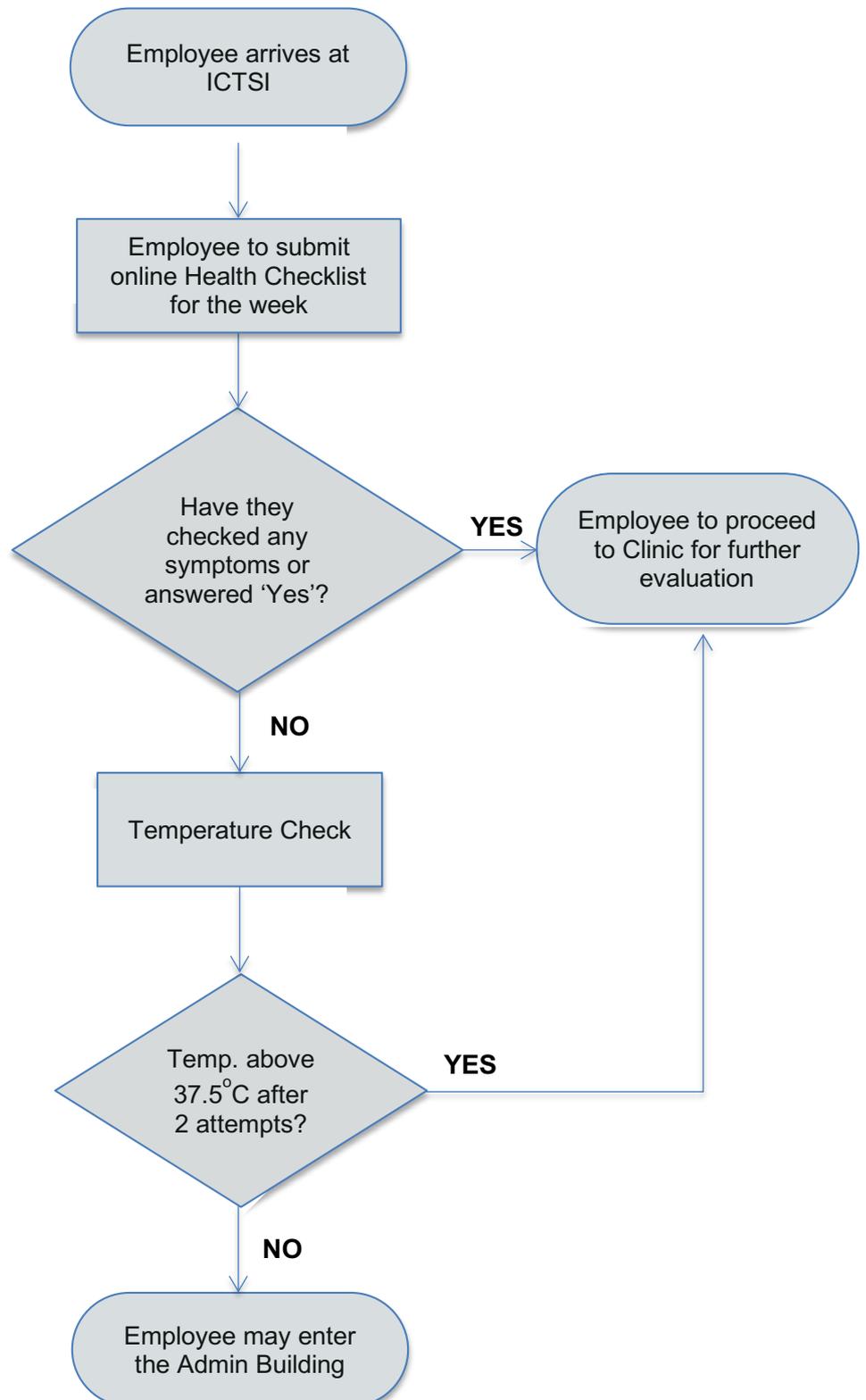
5. I likewise understand that any untruthful statement or non-disclosure of pertinent information may result to pertinent violation of laws and rules and regulations issued by the government and corresponding criminal liability.
  
6. I further recognize that non-disclosure of relevant health related information or providing untruthful statement may constitute a violation of ICTSI company policies, procedure and directive, which may subsequently result to imposition of appropriate employee disciplinary action.

I have affixed my signature at Manila, Philippines on \_\_\_\_\_ 2020.

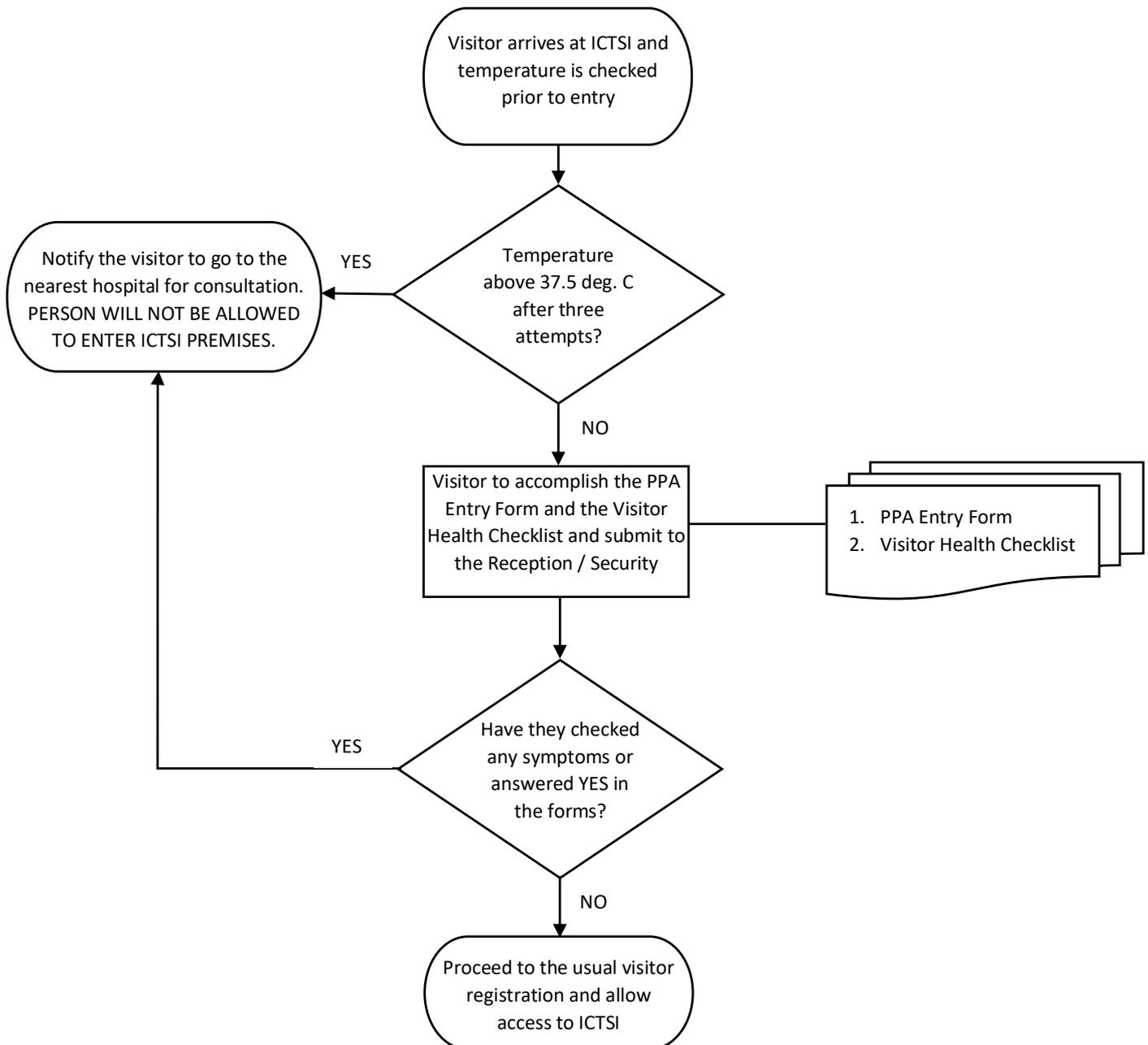
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**Signature Over Printed Name**

## Health Checklist Workflow - Employee



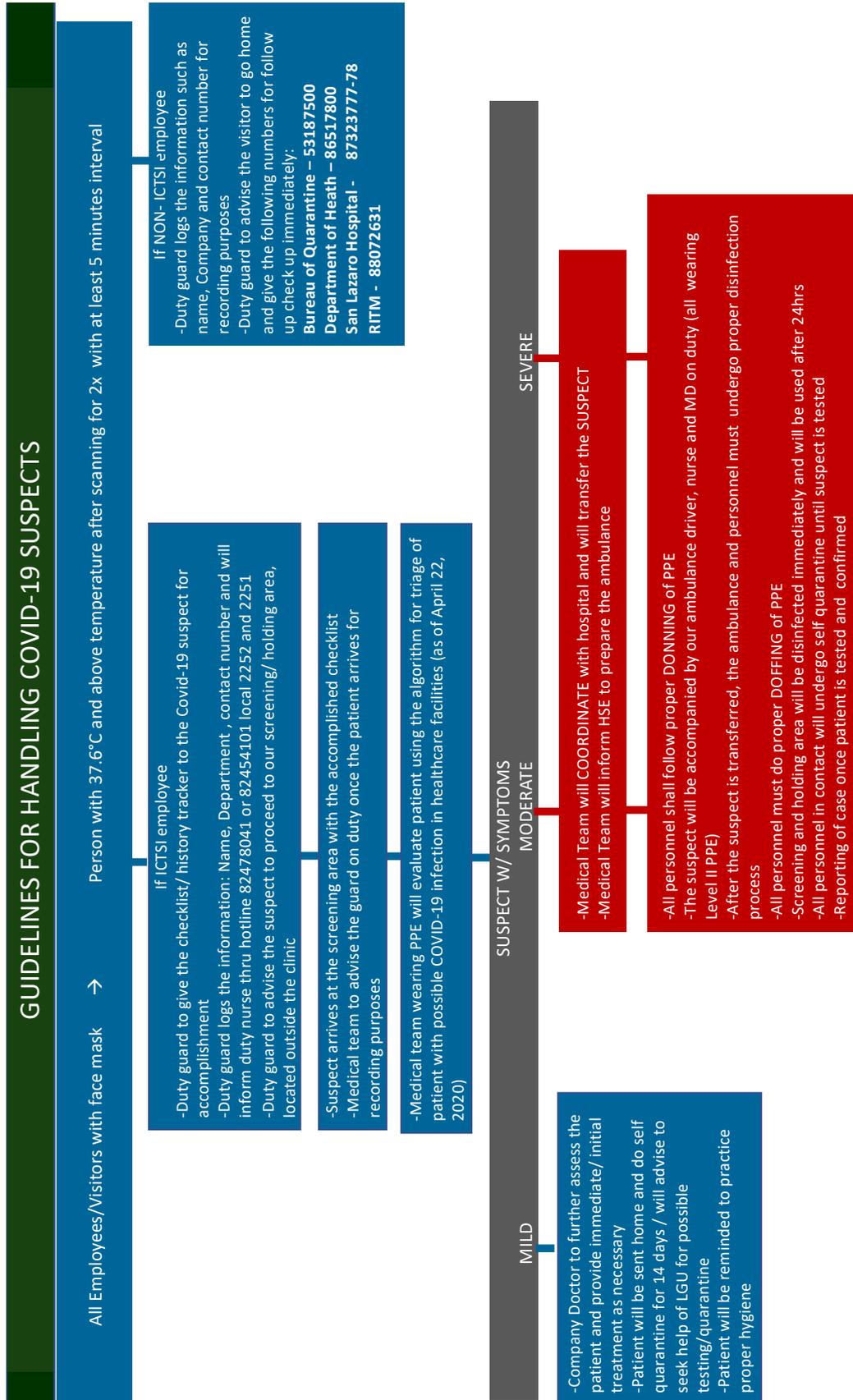
## Health Checklist Workflow - Port users and visitors



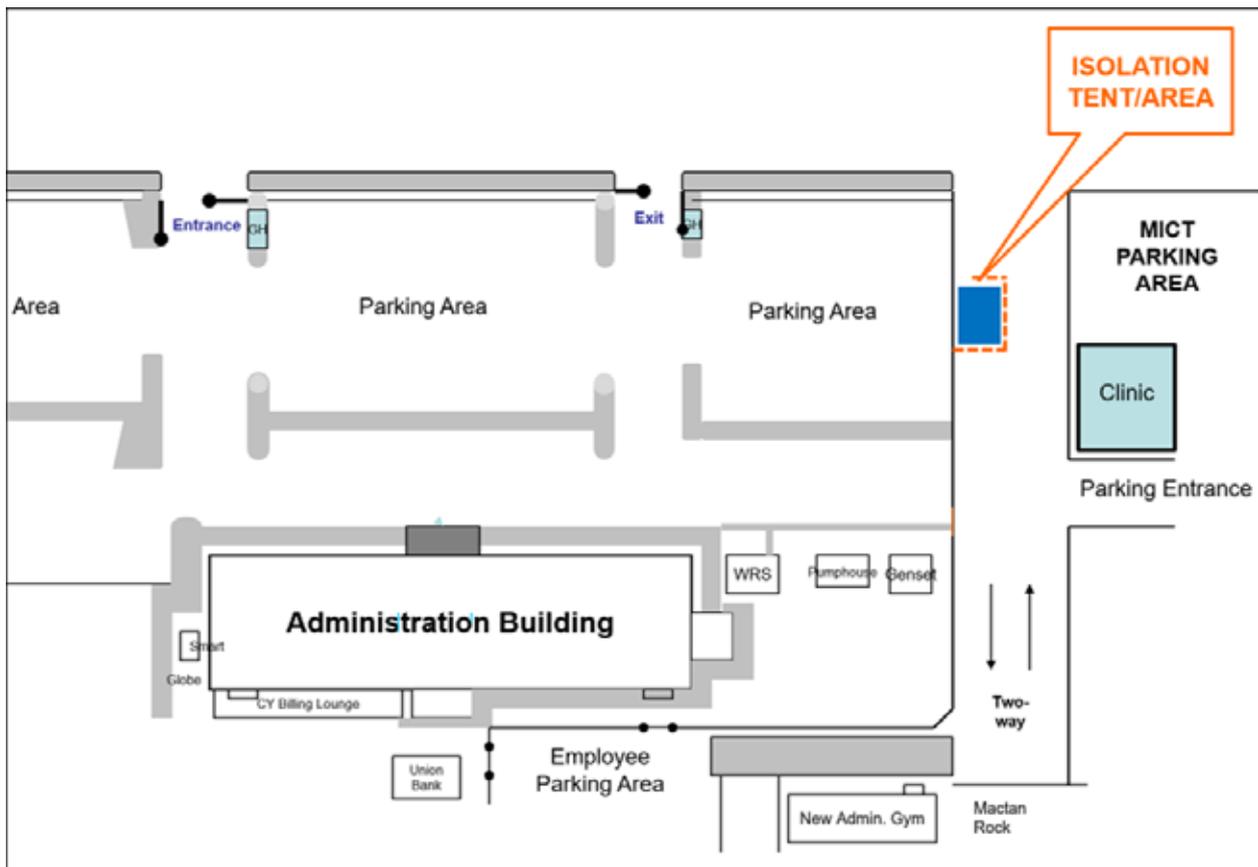
### NOTE:

- No Mask, No Entry policy is strictly implemented.
- Bring your own PPE (high-visibility vest, safety shoes and hard hat) if entering the Terminal.
- Please sanitize your hands upon entry and exit.
- Observe physical distancing (1 meter apart) all the time while inside ICTSI premises.

# Protocol for Handling COVID-19 Suspects



# Isolation Area at the MICT



# Corporate HR Guidelines on Workplace Prevention and Control of COVID-19



## Guidelines on Workplace Prevention and Control of COVID-19

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### I. Purpose

The Guidelines on Workplace Prevention and Control of COVID-19 aims to implement health protocols and standards in light of the COVID-19 pandemic, aligned with the guidelines issued by the Department of Health (DOH), Department of Trade & Industry (DTI), Department of Labor & Employment (DOLE) and Philippine Ports Authority (PPA).

### II. Scope and Applicability

This applies to all Global Corporate & MICT Employees holding office in Admin Bldg.

### III. Guidelines

#### 1. Prior Entry to Admin Building

- a. All Employees and visitors shall wear face masks at all times and remove the same only when eating/drinking. ICTSI shall provide washable type face masks for Employees where proper and proven filtration material may be added inside the mask.
- b. All Employees must accomplish weekly the online **Health Symptoms Questionnaire (Appendix 1)** prior to entry as well as the **Undertaking (Appendix 2)** in relation to the Health Symptoms Questionnaire (HSQ) requirement under the DTI and DOLE Interim Guidelines.  
**See Health Checklist Workflow - Employees (Appendix 5)**

- c. All Visitors must accomplish the **Health Symptoms Questionnaire (Appendix 3)** prior to entry.

Online link: <http://tiny.cc/ICTSIHealthChecklist-V>

**See Health Checklist Workflow - Visitors (Appendix 6)**

- d. Body temperature must be checked and recorded by RVV Security.
- e. Individuals with temperature at 37.5 °C or lower and responded “No” to all questions in the Health Checklist may enter the building.
- f. For Employees with temperature greater than 37.5 °C, even after a 5-minute rest, or if s/he needs further evaluation by the Clinic staff based on the information provided in the Health Checklist, the person shall not be allowed to enter the premises and shall be referred to the Clinic.
- g. For visitors with temperature greater than 37.5 °C, even after a 5-minute rest, or if s/he needs further evaluation by the Clinic staff based on the information provided in the Health Checklist, the person shall not be allowed to enter the premises and shall be advised to consult a doctor.
- h. Foot baths are provided at the entrance while hand sanitizers are provided at the entrance, corridors and stairways.
- i. If there will be a queue at the building entrance, physical distancing of one (1) meter shall be observed. Physical distancing shall be ensured and monitored by designated RVV roving officers.
- j. Vehicles entering company premises shall likewise undergo disinfection in accordance with the facility management’s procedures.

## **2. Inside the Workplace**

- a. All work areas and frequently handled objects such as door knobs and handles shall be cleaned and disinfected regularly, every hour.
- b. All washrooms and toilets shall have sufficient clean water and soap. Employees are encouraged to wash their hands frequently and avoid touching their eyes, nose and mouth.
- c. Sanitizers shall be made available in corridors, conference areas, and stairways.
- d. Employees shall practice physical distancing of one (1) meter radius space in workstations.

- e. The use of phones, desks, computers, or other work tools of Co-Employees shall be avoided. Said items shall be cleaned and disinfected before and after use by the employee.
- f. Use of information and communications technology (ICT) and resources is encouraged to avoid and/or limit face-to-face interactions.
- g. Electronic and paperless transactions, as far as practicable, shall be utilised.
- h. Office table arrangement must conform and maintain proper physical distancing.
- i. Eating in communal areas is discouraged. Employees may eat in their individual work stations.
- j. Use of stairs shall be subject to physical distancing requirements. East Wing fire exit will be for exit only and West Wing fire exit will be for entrance only.
- k. Physical distancing and wearing of mask shall be observed on board the shuttle service.
- l. Training events shall be done online or through web conferencing, whenever practicable.

### 3. Reducing the Risk of Infection from COVID-19

- a. In the event that an Employee is suspected of having COVID-19, s/he shall immediately proceed to designated isolation area near the Clinic (**map Appendix 7**) and should not remove his/her face mask.
- b. Clinic protocol for isolation and transmission to hospitals will follow (**Appendix 4**)  
DOH COVID-19 hotline at 02-894-COVID (02-894-26843) and 1555  
MICT Clinic 09196320853 or 02-8-2478041
- c. The building shall be decontaminated with appropriate disinfectant. Work can only resume twenty-four (24) hours after decontamination. Employees present in the work area with the suspect COVID-19 Co-Employee shall go on fourteen (14) days home quarantine with instruction for monitoring of symptoms. If the suspect COVID-19 Employee has negative result, Co-Employees may be allowed to report back to work.

#### **4. Work From Home**

- a. Work from Home (WFH) arrangement will continue to be maximized for those who can.
- b. For health and safety reasons, the following Employees are allowed to work from home:
  1. Employees sixty (60) years old and above
  2. Employees with co-morbidities or pre-existing illness i.e. diabetes, hypertension, cancer
  3. Employees with immunocompromised health status
  4. Employees with high risk pregnancy
- c. Work Agreements shall be developed to detail deliverables from these Employees.

#### **5. COVID-19 Testing**

All Employees who will use the Admin Building, including those who will continue to work from home, will have to submit themselves to COVID-19 Tests and prove negative before access will be permitted to the Admin Building. Subsequent testing shall be done as needed. Contact Global Corporate/MICT HR

#### **6. Information Dissemination**

- a. Continuous bulletins, through e-mail or text message, shall be sent to all Employees about the generalities of the virus, prevention measures and procedures to avoid contagion, as well as clinics and laboratories for care if necessary.
- b. TV monitors shall continue to play materials on COVID-19 infection prevention.
- c. Printed materials shall also be made available.
- d. Preventive campaigns against COVID-19 following DOH and WHO recommendation will be pursued.

### **IV. Implementation**

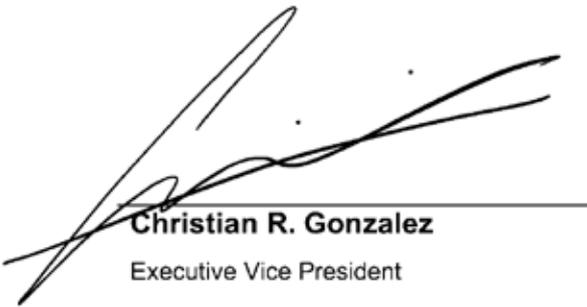
All Employees are tasked to comply with all the workplace measures in place for the prevention and control of COVID-19 such as observing proper coughing and sneezing

etiquette, frequent hand washing, physical distancing, proper disposal of used tissues and hand disinfection.

## V. Effectivity

This Guideline shall take effect immediately and shall be made known to all Employees/Consultants/Officers.

Approved by:



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**Christian R. Gonzalez**  
Executive Vice President



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**Robin Cruickshanks**  
VP, Head of Global Corporate HR

# MICT Rules of Engagement at the Terminal

## General Policies

- All precautionary measures on COVID prevention must be observed strictly:
  - Wearing of Mask
  - Physical distancing
  - Frequent handwashing and use of alcohol or hand sanitizer
  - Avoid touching the face, eyes and nose
  - Observing proper cough etiquette
  - Prompt reporting of any COVID signs and symptoms

- Strict implementation of “No Face Mask, No Entry” and “Wear Your Face Mask at All Times” policies within the premises of ICTSI. Security guards are responsible in ensuring implementation of “No Face Mask, No Entry” at all entry points of the company premises. While inside the ICTSI premises, all duty supervisors up to managers shall ensure that all team members are always wearing face mask, except when eating or drinking.

HSE shall provide appropriate COVID prevention PPEs such as facemask and hand gloves for employees. For washable type, employee must put additional filter material such as tissue papers inside the masks.

- Everybody must observe the wearing of additional PPE as needed by their function:
  - Security Guards must wear face mask, face shield and disposable gloves.
  - Receptionists, Tellers, Info Personnel, Cleaners and Employees must wear face mask and disposable gloves.
- While inside the ICTSI premises, all duty supervisors up to managers shall ensure that physical distancing is observed. Physical or social distancing is the practice of maintaining adequate distance from one another of at least one (1) meter or 3 feet apart. The following areas shall comply with physical/social distancing rule:
  - All entry and exit points
  - Queuing
  - Walking between offices
  - All forms of meetings and discussions
  - Servicing clients
  - When boarding and inside shuttles and service vehicles
  - Vessel embarkation and disembarkation
- Any forms of mass gatherings are not allowed especially for unofficial events like employee celebrations, unnecessary group conversations, meal / break group discussions or any gathering that is not authorized by the management.

- Meetings should be observed with physical or social distancing and participants shall be limited depending on the space of the venue. Conference calls and video conferences should be utilized. In case of necessity of a face to face meeting, discussions during meetings shall be shortened and physical distancing should be maintained at least one seat apart. The presiding officer will ensure that all precautionary measures are observed.
- Designated security guard using thermal scanner shall check body temperature of all employees, visitors, and contractors at all main entry points in the following areas: Administration Building, Customer Lounge, Pass Control/Reception, Turnstile to Terminal and UBP. Anyone found with a body temperature of above 37.5 degrees Celsius will not be allowed to enter and will be referred to clinic screening area. Guidelines of clinic screening will be followed and conducted by medical team.
- Employees are required to accomplish an Oath of Undertaking that attests their physical fitness to work. They shall have full responsibility to inform the company of their health condition and travel history. Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.
- Employees who are sick or manifesting with any COVID-related symptoms are required to stay at home and inform his or her immediate superior and MICT Clinic for further instructions. Employees who has any COVID-related symptoms are **STRICTLY PROHIBITED** from entering the company premises. Non-compliance shall constitute **SERIOUS MISCONDUCT, GROSS NEGLIGENCE OF DUTY** and **WILLFUL DISOBEDIENCE** which tantamount to **TERMINATION**.
- Employees who are coming in to work regularly are deemed fit to work and does not have any symptoms related to COVID-19, exposure to COVID-related symptoms, or had any travel history in the past fourteen (14) days. Any non-disclosure or concealment of travel history and current health condition or exposure shall be administratively liable and will be dealt with accordingly.
- ICTSI strictly implements sanitation and hygiene. All are encouraged to use hand sanitizers strategically located at the entry and exit points of the company premises. HSE shall ensure provision of resources to keep workers health and workplace safe such as face masks, soap, sanitizer, disinfectant and all types of PPE. General Services Section shall ensure that all supplies such as soap, sanitizer and disinfectant are properly replenished on a regular basis. Everyone is encouraged to do frequent handwashing especially after using the restroom, when handling food and touching contaminated surfaces and objects.

- HSE will conduct random audit of these guidelines to ensure compliance for workplace safety, prevention, and control of COVID-19 infection. All employees should comply to these guidelines to keep the optimum health standards in the terminal.

## **Equipment, Shuttle and Service Vehicles**

- **Cleaning of Equipment and Service Vehicles**
  - Basic disinfection with provided chemical disinfectant shall be practiced every end shift of operators, drivers, repairs and maintenance by using the distributed and approved cleaning materials.
  - Replenishment of cleaning materials will be done regularly.
  - Anyone performing disinfection shall wear appropriate personal protective equipment (PPE) and shall observe precautionary measures when dealing with chemicals. PPE includes disposable gloves, face mask and rubber boots.
- The security guards and HSE shall ensure that while waiting for the shuttle or service vehicle, everyone in queue must observe physical distancing.
- The shuttle service drivers shall implement one seat apart to its passengers. Only a maximum of six (6) passengers are allowed. No seating in front, beside the driver. The shuttle service driver will ensure that strict physical distancing is observed, otherwise the shuttle service will not go.

## **Offices (Administration Building / Pass Control / Customer Lounge / UBP / Finance Tellers) and Vessel Activities**

- **Cleaning of Offices**
  - A designated housekeeping personnel will be deployed to do the following:
    - \* Ensure that all toilets and washrooms have sufficient water and soap and that sanitizers are available in corridors, conference areas, stairways, and other areas where employee passes.
    - \* Replenish sanitation supplies such as alcohol, hand sanitation gels in all public areas and toilet facilities.
    - \* Disinfect areas with high volume of people from opening to closing.
    - \* Disinfect common touch points every two hours such as doorknobs, stair handles, light switches, faucets and sinks.
    - \* When disinfecting, acceptable solution such as diluted Lysol concentrate and Oxivir spray will be used.
  - Foot rags with disinfectant will be placed at the Administration Building entrances.
  - All employees are responsible in cleaning and disinfecting their own workstations and frequently touched surfaces such tables, chairs, telephone, desktop, laptop and other office equipment.
  - Borrowing of office items is highly discouraged.

- Queuing to Entry of Offices and Vessel Embarkation and Disembarkation
  - Security guards shall ensure that persons at the queuing system shall observe physical distancing at the following areas at one meter apart for outside queue:
    - \* Customer Lounge with thirty (30) mono block chairs
    - \* UBP Billing Center with forty (40) mono block chairs
    - \* Finance Offices with ten (10) mono block chair
  - In the observance of physical distancing, number of clients will be limited in the following areas:
    - \* Customer Lounge servicing one (1) person per kiosk and maintaining a maximum of ten (10) people inside servicing area queue
    - \* UBP Billing Center with maximum of ten (10) customers inside the billing payment center
    - \* Finance Offices catering a maximum of six (6) customers inside service area
    - \* Pass Control with only one person at a time in the reception area
  - During vessel embarkation and disembarkation, the supervisor on duty will ensure that all employees and visitors shall observe physical distancing. HSE will also conduct random audit in strict implementation of physical distancing.
- Security guards on duty should ensure physical distancing if there should be long queues outside office premises.
- Plastic cover will be installed as a protective barrier at the information desks of Pass Control, Clinic, Customer Lounge and Reception Areas. In case of worn-out or dilapidation, the end-user should request to GSS for immediate replacement.
- The unidirectional movement of employees within offices shall be observed. Entrance to Admin Building will be limited at the West Side entrance only.

## **Canteen / Meal Breaks**

- Ensure that canteen facility is disinfected every 12 hours using ozonated water spray or any approved chemicals.
- When ordering food at the canteen, employees, visitors, and contractors should always observe physical distancing.
- Employees are only allowed to order food and take out from the canteen but eating inside is strictly prohibited.
- Food hygiene and sanitation must be strictly observed. Food handlers are required to wear face mask, face shield and gloves.
- Eating in pantries will be discouraged. If employees are eating at the common area like conference room, the following should be strictly observed:
  - If having meals together, limit in small batches with 3 – 4 persons only per batch with strict physical distancing
  - Eat at the workstation instead of the pantry
  - Avoid or limit conversation during meal breaks
  - Avoid sharing of foods or utensils
  - Eating areas should be disinfected immediately after use

## **Clinic**

- Employee screening shall be maintained outside the clinic and ensure that the inside portion of the clinic is considered as a safe zone area for medical team.
- Doctors and nurses who are screening the employees are required to wear Level 1 Personal Protective Equipment.
- Disinfection of the screening area and clinic must be done every shift to ensure external decontamination.
- All employees are enjoined to be vigilant of their own physical and health conditions. Any employee found deliberately hiding his/her sickness and compromising the welfare of other co-workers will be dealt with accordingly.
- Employees with identified signs and symptoms related to COVID-19 or had any exposure to any individual with COVID-related symptoms shall comply with the existing protocols on Home Quarantine.
- Employees are encouraged to call only and not to go to clinic if there are manifestations related to COVID-19.
- Sick employees are advised to stay at home and inform immediate superior and MICT clinic through call only for further instructions.

# Electronic ICTSI Employees Health Checklist

*Applicable to employees reporting at the ICTSI Administration Building.*

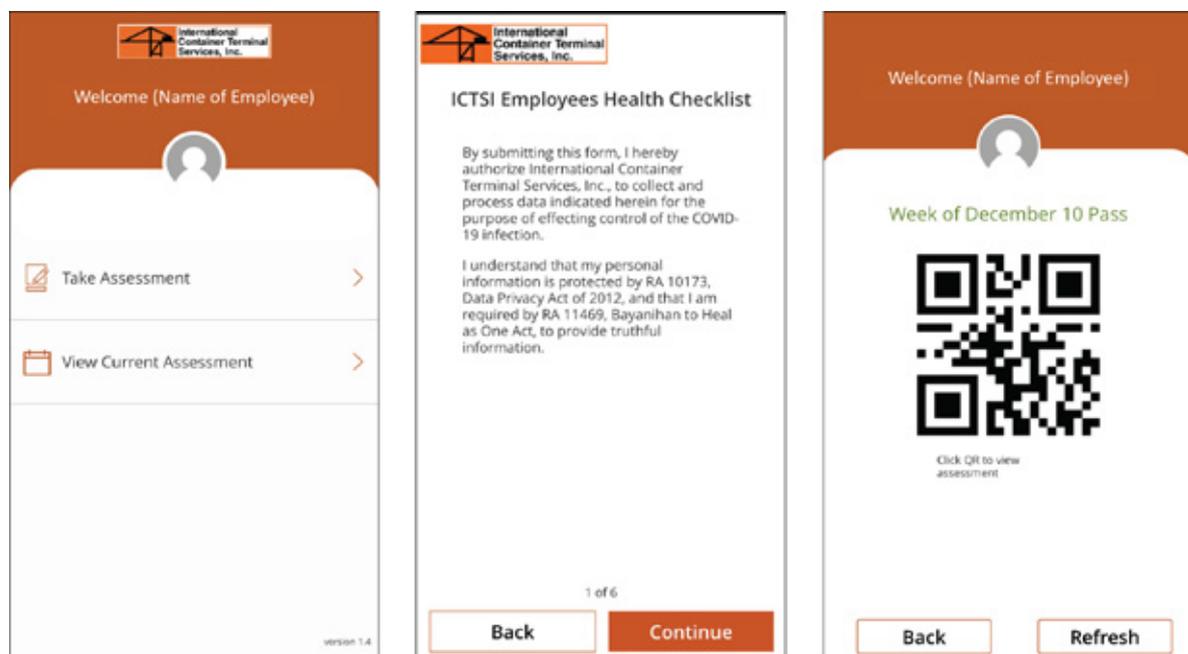
As part of efforts to streamline the return to work process, the ICTSI Employee Health Checklist QR Code thru Microsoft PowerApps shall be utilized by all employees reporting for work at the ICTSI Administration Building effective Monday, 29 June.

## Using Desktop/Laptop

1. Access the link [ICTSI Employees Health Checklist](#).
2. Log-in using your ICTSI email address.

## Using Mobile App

1. Download Microsoft PowerApps in App Store for iOS users or Play Store for Android users.
2. Open PowerApps and log-in using your ICTSI email address.
3. You should now be able to view “ICTSI Employee Health Checklist”
4. Open the app and click on “Take Assessment” to obtain your QR code for the week.
5. Present the QR Code to RVV Security.



The Electronic ICTSI Employees Health Checklist shall be implemented alongside other mandated contact tracing platforms, namely: StaySafe.ph and TRAZE.

For any inquiries, email Danilo Lim of Global IT at [dlim@ictsi.com](mailto:dlim@ictsi.com) or Marvin Nalica of Global HSSE at [mnalica@ictsi.com](mailto:mnalica@ictsi.com).

# Clinic protocols for duty and transport to hospitals

ICTSI shall endeavor to sustain the operation of all Terminal Clinics even with the increased risk by the COVID-19 pandemic. All protocols will be taken with serious consideration and thought to ensure the safety of all patients and medical personnel.

In the context of a pandemic, the role of the ICTSI Clinic is to screen employees for work and not to treat medical conditions, particularly those which may be potentially related to COVID-19. ICTSI shall refer all suspected cases involving its personnel, visitors, or disembarking vessel crews to appropriate health system entry points in those cases.

- No patient shall be allowed to enter the Clinic (only at the designated Screening Areas).
- A separate designated isolation area for suspected COVID-19 cases shall be identified.
- Medical PPEs should only be discarded at designated yellow trash bins for infectious materials.
- The screening area and Company Clinic shall be properly disinfected every shift.

## For screening nurses

- Every shift, ICTSI will assign a screening nurse that will be on duty at the screening area
- Screening nurse shall be responsible for assisting the patient in accomplishing the medical form, assess patient through interview and get vital signs as necessary.
- Screening Nurse should wear level 1 PPE while at the screening area: N95 mask, face shield, gloves, and disposable gown
- If no suspected case: During lunch break, or in any case the screening nurse needs to go inside the Clinic (bio breaks, among others), s/he shall do proper doffing of level 1 PPE. All PPEs shall be placed at the screening area before entering Clinic and can be used again by the same nurse when returning to duty at the screening area.
- If with suspected case: Screening nurse shall do proper doffing of level 1 PPE and all used PPE must be discarded at designated yellow trash bins for infectious materials.

## For nurses inside the clinic

- Nurse inside the clinic shall handle the administrative work, such as updating of employee records, sending of clinic reports and giving prescribed medicines to patient thru the screening nurse using our clinic window.
- Nurse inside the clinic should continue wearing the following PPEs: surgical mask and gloves

## **Doctor on duty**

- Doctor will assess all patients at the screening area.
- Doctor should wear level 1 PPE while at the screening area: N95 mask, face shield, gloves, and disposable gown
- If no suspected case: During lunch break, or if the doctor needs to go inside the clinic (bio breaks, among others), s/he shall do proper doffing of level 1 PPE. All PPE shall be placed at the screening area before entering clinic and can be used again by the same doctor when returning to duty at the screening area.
- If with suspected case: Doctor on duty shall do proper doffing of level 1 PPE and all used PPE must be discarded at designated yellow trash bins for infectious materials

## **On transfer to hospitals**

- Should the Clinic decide to handle a suspected COVID-19 case, transfer of the suspected case to appropriate health system entry points for further assessment and laboratory testing should be arranged as soon as possible by Terminal HSE, in cooperation with local health authorities.
- Transporting personnel should wear level 1 PPE while transferring the suspected COVID case: N95 mask, face shield, gloves, and disposable gown.
- Transporting personnel shall do proper doffing of level 1 PPE and all used PPE must be discarded at designated yellow trash bins for infectious materials. Ambulance used in transporting suspect COVID-19 cases should be decontaminated before allowing subsequent transport.

# MICT Policy No: BU-20-20-1.000: Mandatory Wearing of Face Shields



POLICY:

## Mandatory Wearing of Face Shields

Policy No.: BU-20-20-1.000

Effective Date: August 15, 2020

Date of Last Revision: N/A

Policy Administrator

**Dommestrup, Anders**  
Executive Director – MICT CEO  
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### Applies to

<b>Mandatory:</b>	All ICTSI-MICT Employees, contractors, suppliers, service providers, customers and port users
<b>Optional:</b>	None

### Document Control

Version	Approved by	Revision Date	Description of Change	Author
1	(Original signed) Christian R. Gonzalez	August 15, 2020	Initial Policy Implementation	Anders Dommestrup

### Approval and Review

(Reviewed on August 14, 2020)

1. Edmund Trazo – Director, Global HSSE and concurrent MICT HSE Head
2. Jose Javier – Director, MICT Human Resources
3. Christian Lozano – Director, Operations
4. Justin Tolentino – Director, Commercial and Risk Management
5. Tom Goodwin – Director, MICT Engineering
6. Mariel Zamora – Director, MICT Procurement
7. Lirene Mora – Director, Global Corporate Legal Affairs

## MANDATORY WEARING OF FACE SHIELDS

Policy No.: BU-20-20-1.0-00



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### Rationale

This policy is being issued pursuant to the Department of Labor and Employment announcement of mandatory wearing of face shields in the workplace, DTI & DOLE Joint Memorandum Circular No. 20-04 s. 2020 dated August 14, 2020 and the Philippine Ports Authority's Core Committee Advisory No. 6 s. 2020 dated August 3, 2020.

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### Scope

This policy applies to all ICTSI - MICT employees, suppliers, service providers, contractors, customers and port users.

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### Policy Statement

ICTSI gives utmost importance on safety. In line with ICTSI's value of *Respect for All*, it strives to have the highest standards in place to ensure its people and stakeholders are safe at all times, especially during periods of pandemic or other similar instances of widespread infectious diseases.

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### Terms and Definitions

TERM	DEFINITION
<b>Personal Protective Equipment (PPE)</b>	refers to all equipment which is intended to be worn or held by a person and which protects him / her against one or more risks to his / her health and safety.
<b>Eye and Face Protection</b>	refers to any eye protection equipment worn by a person to reduce the risk of exposure to flying particles (e.g. dust), chemical splashes (e.g. cleaning agents, fuel), high energy impact (e.g. welding) or in health care settings, to infectious materials. The eye and face protection worn should be suitable for the work activity being undertaken e.g. <b>safety glasses</b> or <b>safety goggles</b> to protect eyes in a dusty work environment or <b>face shields</b> to protect face, mouth, nose, and eyes against infectious disease exposure.

## MANDATORY WEARING OF FACE SHIELDS

Policy No.: BU-20-20-1.0-00



	For office environment, prescription glasses can be used provided it fully covers the eyes.
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### Policy Sections

<b>I. Framework</b>	ICTSI shall, pursuant to health and safety protocols issued by the government, implement appropriate compliance with safe work practices suitable to port operations.
<b>II. Additional Personal Protective Equipment (PPE) for ICTSI Employees</b>	<p>In addition to ICTSI's standard PPE for port operations and previous government requirements for a safe workplace, the company shall issue face shields to all employees. Over and above this face shield requirement, ICTSI (based on a risk assessment) may issue glasses / goggles for eye protection (hereinafter "Safety Glasses") or approve employee-owned prescription glasses, which are appropriate for the exposure and the work to be performed by its employees involved in terminal operations.</p> <p>Similar to face shields, these Safety Glasses are deemed to protect against infectious droplets without compromising ICTSI employee's visibility and impairing movement while performing his / her work at the terminal.</p>
<b>III. PPE for contractors, suppliers, service providers, customers and port users</b>	Unless otherwise stated in the relevant law, rule or regulation, government required PPEs, such as but not limited to face shields, shall be a prerequisite to ICTSI's contractors, customers and port users' entry to ICTSI premises. These PPEs shall be for their own account or provided by their respective employers.
<b>IV. General Rules</b>	<ul style="list-style-type: none"><li>A. Face shields shall cover the entire face (completely cover the sides and length of the face). If possible, face shields should extend to the ears and below the chin.</li><li>B. Visor-type face shields shall not be allowed.</li><li>C. Face shields and masks should always be worn together when interacting with colleagues, contractors, suppliers, service providers, customers, port users and/or visitors.</li></ul>

## MANDATORY WEARING OF FACE SHIELDS

Policy No.: BU-20-20-1.0-00



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- D. Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees so requires (See **Exceptions** below).
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### V. Specific Rules

- A. Face shields or Safety Glasses, as may be appropriate, must be worn at all times in the following:
1. Admin ground floor, related paths and in/egress facilities, including parking areas and steel parking;
  2. Admin offices, including but not limited to the usual crowded areas where social distancing may be beyond the individual's own control, namely:
    - a. Corridors
    - b. Common Restrooms areas
    - c. Open office space and/or conference room when occupied by five or more people
    - d. Workstations facing other employees *i.e.* no wall or divider;
  3. MICT people access gates at Admin and for the terminal;
  4. MICT shuttle / bus services to/from/within work areas; and
  5. MICT operations work areas and offices, including but not limited to the usual crowded areas where social distancing may be beyond the individual's own control, namely:
    - a. Corridors
    - b. Common Restrooms areas
    - c. Open office space and/or conference room occupied by five or more people
    - d. Workstations facing other employees *i.e.* no wall or divider.
- 

### VI. Communication

All department heads must roll-out this policy to its respective team members, contractors, suppliers, service providers and customers as well as ensure that this is reiterated through daily tool boxes and communication sessions.

## MANDATORY WEARING OF FACE SHIELDS

*Policy No.: BU-20-20-1.0-00*



### VII. Violation

For employees, the penalties for breach of the foregoing rules will be in accordance with existing company policies.

For suppliers, service providers and/or contractors, a violation of this policy may be considered as a breach of their contract with ICTSI and would adversely impact their contract renewal and/or their accreditation as suppliers, service providers and/or contractors.

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### Exceptions

Face shields or safety glasses for the purpose of added Covid-19 protection are not required to be worn by the following:

- A. Equipment operators working on equipment;
- B. Workers on quayside / onboard vessels and those involved in Engineering mobile operations; however, Safety Glasses may be required based on ICTSI's safety protocols;
- C. Less than five people in an office or conference room under Section V (A) (2) (c) and Section V (A) (5) (c) above; provided that social distancing and other government regulatory requirements are all complied with; and
- D. Employees working alone, or in a space providing necessary social distancing provision (>5 feet and no direct face-to-face contact) or in isolation.

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### Related Policies and Other References

DTI & DOLE Joint Memorandum Circular (JMC) No. 20-04 s. 2020 dated August 14, 2020.

Philippine Ports Authority (PPA)'s Core Committee Advisory No. 6 s. 2020 dated August 3, 2020.

## MANDATORY WEARING OF FACE SHIELDS

*Policy No.: BU-20-20-1.0-00*



### Contacts

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Engineering contractors' breach	Tom Goodwin	+632 8-245-4101 ext. 2184	tgoodwin@ictsi.com
Other contractors, suppliers and service providers' breach	Mariel Zamora	+632 8-245-4101 ext. 2164	mzamora@ictsi.com

# DOH Administrative Order No. 2020-13: Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in List of Notifiable Diseases for Mandatory Reporting to the Department of Health



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

**ADMINISTRATIVE ORDER**  
No. 2020 - 0013

APR 09 2020

**SUBJECT:** Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health" dated March 17, 2020

## I. RATIONALE

Due to the recent developments related to the Coronavirus Disease 2019 (COVID-19) health event, the case definitions and surveillance system for notification of COVID-19 should be revisited and updated regularly. The availability of additional epidemiological information on COVID-19 further directs the Department of Health on how we detect, confirm, and report cases in the country.

Since January 28, 2020, the Philippines have used decision tools to classify individuals as either Patients Under Investigation or Persons Under Monitoring. However, the evidence of local and community transmission of COVID-19 necessitated a review on the assessment and classification of individuals with the aim of early detection and laboratory confirmation, especially among high risk and vulnerable populations, to guide appropriate clinical management and referral. The country is also challenged on how to cope with the sudden surge of confirmed cases and must identify measures to ensure that the health system will capably respond to this emergency to reduce the number of serious and critically ill cases and fatalities while maintaining essential and other routine health services. This amendment also adapted certain provisions of the World Health Organization (WHO) interim guideline on global surveillance for COVID-19 released on March 20, 2020, which provides for the use of case definitions for surveillance (suspect, probable, and confirmed), recommendations for laboratory testing, and reporting of surveillance data.

Thus, the following provisions of Administrative Order No. 2020-0012 on the guidelines for the inclusion of the COVID-19 in the list of notifiable disease for mandatory reporting to the DOH is hereby amended, as follows:

1. Shift from classifying individuals as Patients Under Investigation (PUI) and Persons Under Monitoring (PUM) to using case definitions to classify cases into Suspect, Probable, and Confirmed COVID-19 cases.
2. Establish a standard for and system of case detection, investigation, laboratory confirmation, and notification

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## II. OBJECTIVES

This Order seeks to provide the guidelines on how COVID-19 cases shall be detected in health facilities through: (a) reporting health facilities that will serve as sentinel sites, such as the reporting sites for Severe Acute Respiratory Infection (SARI) and Influenza-like Illness (ILI) surveillance systems and city health offices of highly urbanized cities, (b) non-sentinel sites, such as hospitals and health centers, and (c) national and subnational reference laboratories and other laboratory facilities. Also, it describes the use of the Event-Based Surveillance and Response (ESR) system to capture clustering or sudden increase of cases of ILI and SARI and deaths of unknown etiology in the community.

Specifically, these guidelines on COVID-19 case detection, laboratory confirmation, and notification shall:

1. Establish a standardized mechanism of case detection, laboratory confirmation, and notification among existing surveillance systems and among the Epidemiology Bureau (EB), regional and local epidemiology and surveillance units, sentinel, non-sentinel, and laboratory facilities in terms of case definition, epidemiologic investigation, laboratory sample collection and confirmation, notification, and feedback;
2. Establish epidemiological, clinical, and virologic characteristics of COVID-19;
3. Characterize areas as to status of local and community transmission; and
4. Generate data as the basis for informed policy and intervention measures to contain and mitigate the spread of COVID-19.

## III. SCOPE AND COVERAGE

This Order shall cover all individuals, health facilities and offices (public and private), national and sub-national laboratories, other laboratory facilities, civil society organizations, professional/medical/paramedical societies, and international organizations/donors/partners involved in disease surveillance; mandatory reporting of notifiable diseases; health events of public health concern; and the implementation of these guidelines.

## IV. DEFINITION OF TERMS

As used in this Administrative Order, the following terms shall mean:

- A. Case** – a person with a particular problem requiring or receiving medical or welfare attention. A case is often used to label individuals further as suspect, probable, or confirmed.
- B. Case definition** – a set of standard criteria for classifying whether a person has a particular disease, syndrome, or other health condition.
- C. Case investigation** – profiling of suspect, probable, and confirmed COVID-19 case, which include but is not limited to review of medical, surveillance, and laboratory records, case interview, and review of other records and documentation.
- D. Close contact** – is a person without proper personal protective equipment (PPE) who is providing direct care for a confirmed COVID-19 case and a person who had direct physical contact, or lived, worked, transacted, or travelled in close proximity (less than 1 meter) for more than 15 minutes with a confirmed COVID-19 case.

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- E. **Cluster** – is an unusual aggregation, real or perceived, of health events that are grouped together as to time and space and that is reported to a public health department.
- F. **Influenza-like Illness (ILI)** – is a condition with sudden onset (*within 3 days of presentation and fever should be measured at the time of presentation*) of fever of  $\geq 38^{\circ}\text{C}$  and cough or sore throat in the absence of other diagnoses
- G. **Public Health Authority** – the Department of Health, specifically, the Epidemiology Bureau, Disease Prevention and Control Bureau, Bureau of Quarantine, Food and Drug Administration, Regional Offices of DOH, Regional Epidemiology and Surveillance Units (RESU); local health offices (provincial, city, or municipality); or any person directly authorized to act on behalf of the Department of Health or the local health office.
- H. **Severe Acute Respiratory Infection (SARI)** - is an acute respiratory illness with onset during the previous 7 days requiring overnight hospitalization. A SARI case should meet the ILI case definition AND any one of the following: (a) shortness of breath or difficulty of breathing, (b) severe pneumonia of unknown etiology, acute respiratory distress, or severe respiratory disease possibly due to novel respiratory pathogens (such as COVID-19).

## V. GENERAL GUIDELINES

- A. Coronavirus Disease 2019 (COVID-19) is a notifiable disease as per Administrative Order No. 2020-0012 dated March 17, 2020 and its reporting shall be mandatory.
- B. The COVID-19 Surveillance shall utilize existing surveillance systems, such as the ILI and SARI surveillance systems and the Event-based Surveillance and Response System, for detection of COVID-19 cases.
- C. All DOH hospitals and level three (3) private hospitals and medical centers and health offices of highly urbanized cities shall serve as the sentinel reporting sites for COVID-19 surveillance. Cases seen at non-sentinel hospitals and health centers and results of COVID-19 tests done at laboratory facilities shall also be mandatorily reported.
- D. Case definitions for COVID-19 shall be used to ensure proper classification and appropriate management of cases.
- E. Laboratory confirmation for COVID-19 remains essential in determining the true burden of this disease.

## VI. SPECIFIC GUIDELINES

### A. COVID-19 Surveillance System

1. The Epidemiology Bureau (EB) of the Department of Health shall lead in establishing and implementing the **COVID-19 Surveillance System** and cases will be detected through the following:
  - 1.1. **Expanded SARI Sentinel Surveillance System**

The COVID-19 surveillance shall utilize existing SARI sentinel sites as well as the additional sentinel sites to be identified, including DOH and Level III hospitals and medical centers, as sites for sentinel-based notification of COVID-19 cases.

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## 1.2. Enhanced ILI Sentinel Surveillance System

The COVID-19 surveillance shall utilize existing ILI sentinel sites as well as the additional sentinels to be identified, prioritizing inclusion of highly urbanized cities, as sites for sentinel-based notification of COVID-19 cases as well as reporting of aggregate ILI data.

## 1.3. Notification from Health Facilities and Laboratory Facilities

Health facilities, such as hospitals and health centers, shall record and report consultations and/or admissions who fit any of the COVID-19 case definitions. Also, laboratory facilities conducting testing for COVID-19 shall notify DOH, through the set notification system, of individuals who underwent testing for COVID-19 and their results.

## 1.4. Event-based Surveillance and Response

Clustering or sudden increase of ILI and SARI cases and deaths of unknown etiology shall be reported through the ESR system

2. **Case definitions** for notification shall be based on the current information available and shall be updated accordingly. This amendment shall define the transition from reporting individuals as Patients Under Investigation (PUI) and Persons Under Monitoring (PUM) (*See Annex A*) to Suspect, Probable, and Confirmed COVID-19 cases.

2.1. **Suspect case** – is a person who is presenting with any of the conditions below.

- a. All SARI cases where NO other etiology fully explains the clinical presentation.
- b. ILI cases with any one of the following:
  - ii. with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset OR
  - iii. with contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing.
- c. Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
  - i. Aged 60 years and above
  - ii. With a comorbidity
  - iii. Assessed as having a high-risk pregnancy
  - iv. Health worker

2.2. **Probable case** – a suspect case who fulfills anyone of the following listed below.



- a. Suspect case whom testing for COVID-19 is inconclusive
- b. Suspect who tested positive for COVID-19 but whose test was not conducted in a national or subnational reference laboratory or officially accredited laboratory for COVID-19 confirmatory testing

2.3. **Confirmed case** – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility.

3. **Case Detection**

3.1. **SARI and ILI Sites and Other Health Facilities, Providers, and Institutions**

The identified SARI and ILI surveillance sites shall detect COVID-19 cases among its consultations and admission using the set case definitions. Other health facilities and providers and other institutions, including hospitals, health centers, and clinics, shall also detect COVID-19 cases among its consultations and admission using the set case definitions.

The ILI sites and identified health offices in highly urbanized cities shall submit weekly aggregate data on total consultations of ILI disaggregated as to age, sex, date of onset of illness, and place of residence.

Case investigation of detected and/or reported suspect, probable, and confirmed COVID-19 cases shall be undertaken by designated or trained disease surveillance officers (DSO) at these facilities using a standard case investigation form (*See Annex B*). In the absence of a designated or trained DSO at the facility, personnel of the Infection Control Unit or a similar office, shall conduct the case investigation. In the absence of any personnel capable of conducting case investigations at these facilities, the higher level office shall supervise and provide technical guidance or take the lead. Provincial Epidemiology and Surveillance Units (PESU) shall supervise or take lead for health facilities, providers, and offices and institutions at the municipal and component city and the Regional Epidemiology and Surveillance Unit (RESU) for those in highly urbanized cities and PESU, if latter has limited capability to supervise or lead. The investigation shall include but is not limited to the following: review of medical records, case interview, and laboratory sample collection and its results.

Officials and staff of health facilities and providers and concerned institutions shall comply with the request for access to patient and laboratory records for the purpose of this case investigation.

The health facility where any of these suspect, probable, or confirmed COVID-19 cases are admitted shall conduct daily monitoring of cases as to their status

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and consolidate hospital census related to COVID-19 using the set template (*See Annex C*). Identified deaths among these cases shall be profiled using the set format.

Confirmed COVID-19 cases assessed as asymptomatic or clinically recovered by their attending physician shall be tested and will be discharged after at least one negative result. Confirmed COVID-19 cases who have clinically recovered or are well with negative results on repeat testing shall be reported as RECOVERED. If said discharged cases develop new signs or symptoms or progression from mild to more serious signs and symptoms, he/she shall be re-admitted once more to isolation and re-testing done. This guideline shall be reviewed and revised accordingly.

### **3.2. Laboratory Facilities**

ALL Laboratory facilities conducting testing for COVID-19 shall notify DOH daily of official results of individuals tested for COVID-19, regardless of the test result.

Laboratory confirmation for COVID-19 shall be performed by the Research Institute for Tropical Medicine (RITM), five (5) sub-national laboratories (SNL) following the Regional Zoning of Services of National Reference and Subnational Laboratories for SARI (*See Annex D*), and officially accredited laboratory facilities. Note that this zoning may be updated in subsequent issuances. The RITM and DOH will work to improve the capabilities of these laboratories.

Current available laboratory confirmation for COVID-19 is done through real time/conventional Reverse Transcriptase-Polymerase Chain Reaction (RT-PCR). This may be updated as additional, officially recognized laboratory confirmatory testing becomes available.

Laboratory testing facilities should fulfill the following for it to be officially accredited by RITM as a COVID-19 laboratory confirmation testing facility:

- a. Submit a self-assessment to RITM
- b. Undergo and pass Proficiency Testing
- c. Have five positive samples pass RITM external quality assessment.

If the laboratory does not pass all three criteria, result of any test conducted at their facility shall not be recognized as a laboratory confirmation test but shall still be submitted to DOH.

### **3.3. Event-based Surveillance and Response System**

Local health authorities through the local epidemiology and surveillance units (LESU) shall report all health events, to include rumors of clustering or sudden increase of cases of ILI and SARI and deaths of unknown etiology.

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#### 4. Epidemiologic Investigation

Confirmed COVID-19 cases shall be investigated using the WHO Revised Case Report Form for COVID-19 (*See Annex E*). This epidemiologic investigation shall provide a more comprehensive profile of the confirmed COVID-19 case, including exposure and travel histories prior to onset of illness and until the case's isolation as well as clinical information. The concerned LESU, as determined by RESU, shall lead this epidemiologic investigation and corresponding response activities. However, in the absence of any personnel capable of conducting epidemiologic investigations and/or response activities at local health offices, the higher level office can take the lead. The PESU shall take lead for health offices at the municipal and component city and the RESU for health offices of highly urbanized cities and PESU, if latter has limited capability to lead.

Also, where clustering or sudden increase of SARI and ILI cases and deaths of unknown etiology or any reported confirmed COVID-19 case had been identified, the local health authorities through the LESU shall coordinate with their respective RESU for a joint or a supervised investigation of cases or health event. This investigation should be able to provide better understanding of the epidemiology of the event and to ensure proper case and health event management.

Officials and staff of health facilities and other institutions shall comply with the provision of R.A. 11332, otherwise known as Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act, regarding epidemiologic investigation of notifiable diseases, including COVID-19. Representatives of EB and its regional and local counterparts shall be given full access to patient and laboratory records for the purpose of this epidemiologic investigation.

The investigating team shall be equipped with appropriate and complete personal protective equipment (PPE) during investigation.

#### B. Laboratory Confirmation

Current guidelines recommend the collection of nasopharyngeal and oropharyngeal swabs (NPS/OPS) for laboratory confirmatory testing. For a SARI case who is a suspect COVID-19 case, lower tract specimens like sputum, tracheal aspirate, and/or bronchi alveolar lavage, may also be collected aside from NPS/OPS. These guidelines on sample collection shall be reviewed and updated.

Current guidelines also list cases we shall prioritize for testing. However, once additional epidemiological information and projections are available, said guidelines shall be reviewed and revised, as needed. The following shall be prioritized for testing:

- a. Suspect cases who are assessed as serious or critical
- b. Suspect cases fitting any one of the conditions:
  - i. Aged 60 years and above
  - ii. With a comorbidity
  - iii. Assessed as a high-risk pregnancy
  - iv. Health workers

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- c. Health workers assessed as with high risk of exposure, even in the absence of any sign or symptom
- d. Clusters of ILI or SARI

The collection, storage, and transport of specimens from reporting health facility or office to the laboratory shall be facilitated by the designated disease surveillance officer. Laboratory collection shall be done by a trained health staff in the health facility where case was detected and submitted to designated and official laboratory testing facilities. Staff who conduct laboratory sample collection shall be equipped with appropriate and complete personal protective equipment (PPE) during collection of specimens. All cases with laboratory specimens collected shall be coordinated with the RESU.

All collected specimens shall be transported within 48 to 72 hours upon collection and stored at 2 °C to 8 °C. If specimens will not be transported within 72 hours, store the specimen in the freezer.

A laboratory quality assurance of DOH SNL shall be implemented by RITM through its Molecular Biology Laboratory (MBL). The MBL should ensure that a Biosafety, Biosecurity, and Laboratory Quality Assurance team shall be deployed to all DOH SNL.

Other hospitals with existing capacity for laboratory confirmatory testing for COVID-19 shall provide RITM with aliquots of their samples for re-testing as part of Laboratory Quality Assurance.

### C. Recording and Notification System

Health authorities from the government and private sectors, including health facilities, laboratory testing facilities, offices, institutions, and individuals, are mandated to report suspect, probable, and confirmed cases of COVID-19 and results of COVID-19 testing done within 24 hours of identification or completion of testing.

#### 1. Designation of a Dedicated COVID-19 Coordinator

All public and private health facilities and providers that admit and give consultations to suspect, probable, and confirmed COVID-19 cases and/or laboratory facilities that conduct testing for COVID-19 must identify and designate a COVID-19 coordinator and his/her alternate. The COVID-19 Coordinator shall ideally be the head of or point person for the concerned epidemiology and surveillance unit, ICC, or laboratory facility, whichever is applicable. The COVID-19 coordinator shall:

- a. Serve as the main liaison between the DOH and the health facility, health provider, or laboratory facility for all communication on COVID-19 concerns including but not limited to data requests, validation, and follow-up;
- b. Continuously coordinate with the EB COVID-19 surveillance team to facilitate immediate and timely accommodation of all surveillance, laboratory data submission, and contact tracing activities such as but not

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- limited to: reviewing patient records, interviewing patients, relatives, and other health care providers and other concerned personnel of the facility, and immediate submission of laboratory results;
- c. Promptly and correctly update the DOH COVID-19 Information System.

All public and private health facilities, health providers, and laboratory facilities shall provide the DOH with the following details of their assigned COVID-19 coordinator and alternate:

- a. Name
- b. Position
- c. Cell phone number
- d. E-mail Address

Details shall be submitted to the EB COVID-19 surveillance team [covidcontacttracing.eb@gmail.com](mailto:covidcontacttracing.eb@gmail.com) with the subject header “[COVID-19] Coordinator for <name of facility>”.

## 2. Case Notification and Monitoring

### 2.1. Case Notification and Submission of COVID-19 Laboratory Test Results

Information on suspect, probable, and confirmed COVID-19 cases shall be recorded using the COVID-19 Case Investigation Form or CIF (*See Annex B*) and reported within 24 hours using a set notification system (*See Annex F*). The health facility or provider or concerned institution, shall submit within 24 hours of detection the accomplished CIF to RESU, who shall in turn submit this to EB.

For reported clustering or sudden increase of ILI and SARI cases or deaths of unknown etiology, these shall be reported through the ESR system also within 24 hours. The health facility or provider or concerned institution shall inform the RESU of identified suspect cases and health events. The RESU shall in turn notify EB immediately. However, upon detection of a probable or confirmed COVID-19 case, the reporting unit shall immediately notify the EB and RESU, simultaneously.

Laboratory results from the national reference laboratory, subnational referral laboratory, and laboratory testing facilities shall be submitted to DOH within 24 hours of completion of test using the same notification system. However, if the result was equivocal or positive, this report should be submitted immediately. Laboratories should diligently accomplish the lab reporting form in **Annex G**.

A transmittal of laboratory results shall be released by RITM following the protocol for releasing laboratory results. The transmittal shall be shared to designated officials after vetting of their Head of Office. This transmittal shall be considered official. Signed individual laboratory results shall be shared as soon as available. These transmittal and individual laboratory results shall be released by RITM to the Office of the Secretary of Health and duly identified members of DOH Executive Committee, the Infection Control Committee (ICC) head or point person of requesting

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hospitals, EB, and the concerned RESU. The RESU will inform their regional director (RD) and assistant regional director (ARD), who in turn inform the concerned LGU.

For subnational reference laboratories and other testing facilities, laboratory results shall be immediately sent by their heads of offices to the DOH Executive Committee, EB, RITM, RESU, and the Infection Control Committee (ICC) head or point person of requesting hospitals. An official transmittal shall be sent immediately but signed individual laboratory results should follow. The RESU in turn informs their respective RD and ARD, who in turn inform the concerned LGU.

## 2.2. Case Monitoring

A template shall be submitted daily by **5 PM** which will include status of admitted suspect, probable, or confirmed COVID-19 cases (*See Annex B*). If any of these became a fatality, this should be immediately reported to RESU using the set format, who shall in turn immediately notify EB. The following information shall be updated:

- a. Medical Status (of condition, as of time of update), including current signs and symptoms
- b. Laboratory Status
- c. For fatalities:
  - i. Date and Time of Death
  - ii. Cause of Death
  - iii. Comorbidities
- d. Disposition
- e. Remarks: any other relevant notes from the patient chart; indicate especially if the patient is using a ventilator.

The COVID-19 coordinator shall provide detailed information on the death listed above, as well as other pertinent information from patient records.

For health facilities and providers and laboratory facilities with capability to set-up and use the COVID-19 Information System, the EB COVID-19 surveillance team shall assist the assigned COVID-19 coordinators in setting up their accounts to access the COVID-19 Information System website. This shall serve as the main data repository of COVID-19 data from all health facilities.

Confirmed COVID-19 cases who are currently isolated at home or in a non-health facility, the RESU shall be responsible in monitoring the clinical status of the patients and collect sample for repeat testing at the end of the 14-day isolation period.

## 2.3. Utilizing the COVID-19 Information System

The COVID-19 coordinator shall accurately and diligently input all required information on all suspect, probable, and confirmed COVID-19 cases that are

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admitted or have consulted at the facility using this system. In turn, laboratory facilities conducting COVID-19 testing shall input case information and upload the official transmittal and laboratory result.

The COVID-19 coordinator *must* update the COVID-19 Information System website sheets **daily** without need for prompting by **5:00 PM**. The COVID-19 coordinator must pay special attention to *ensure that the following variables are updated*:

- a. Medical Status (of condition, as of time of update), including current signs and symptoms
- b. Laboratory Status
- c. For fatalities:
  - i. Date and Time of Death
  - ii. Cause of Death
  - iii. Comorbidities
- d. Disposition
- e. Remarks: any other relevant notes from the patient chart; indicate especially if the patient is using a ventilator.

The RESU will review the data after submission. They may call the COVID-19 coordinator to follow-up for updates or clarify certain data entries. Likewise, the COVID-19 coordinator may contact the RESU for any questions or clarification with regards to the reporting forms. The EB Data Managers shall coordinate with the RESU for data requiring further verification.

Designated disease surveillance staff in these sentinel sites and disease reporting units shall implement and exercise zero reporting and notify the RESU, who shall in turn notify EB.

## VII. ROLES AND RESPONSIBILITIES

### A. The Epidemiology Bureau shall:

1. Lead in the establishment and implementation of the COVID-19 Surveillance System.
2. Draft and issue required policies and guidance in relation to this surveillance system.
3. Conduct training, orientation, and/or technical assistance to ensure that disease reporting units and concerned stakeholders will know how to implement the system.
4. Shall be the process owner of the COVID-19 Information System and as such shall:
  - a. Act as the Database Managers for surveillance data
  - b. Liaise with the COVID-19 coordinators for the timely turnover of complete data and information
  - c. Review and approve updated attribute data which may be submitted by the users
5. Draft and disseminate COVID-19 surveillance report.
6. Assess and coordinate with respective RESUs all reported clustering, sudden increase, and local transmission of COVID-19 within 24 hours upon receipt of detection of clustering, sudden increase, or local transmission.

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7. When necessary, provide support through technical staff and logistic assistance during epidemiologic investigation and response.
8. Oversee the design of appropriate reporting software for the inclusion of COVID-19 into the SARI/ILI, existing hospital sentinel surveillance and/or information system, and community-based disease surveillance system.
9. Facilitate dissemination of related information, policies, and recommendations from DOH Central Office and the World Health Organization (WHO) to the concerned agencies and institutions.
10. Allocate funds for the operation of the COVID-19 surveillance system.
11. Monitor the implementation of the system.
12. Notify the WHO as part of International Health Regulations commitment

**B. The RESU shall assume the roles and responsibilities of EB at the regional level:**

1. Lead in the establishment and implementation of the COVID-19 Surveillance System at the regional level.
2. Identify strategies and activities to operationalize the surveillance system at their level and at local health offices and disease reporting units.
3. Conduct data verification of submitted CIF and/or records and reports encoded in the COVID-19 Information System.
4. Conduct training, orientation, and/or technical assistance to ensure that disease reporting units and concerned stakeholders will know how to implement the system.
5. Prepare and disseminate COVID-19 surveillance report.
6. Disseminate related information, policies, and recommendations from DOH Central Office and the World Health Organization (WHO) to the health facilities, disease reporting units, and concerned agencies and institutions at their level.
7. Allocate funds for the COVID-19 surveillance system.
8. Monitor the implementation of the system.

**C. The Bureau of Quarantine (BOQ) shall:**

1. Conduct surveillance in ports and airports of entry and sub-ports as well as the airports and ports of origin of international flights and vessels.
2. Collect completed health declaration cards and enter into the database management system.
3. Perform entry screening and preliminary investigation of all suspected cases identified in all ports of entry and exit.
4. Provide the passenger manifest and other relevant information to EB and/or RESU for case investigation and contact tracing.
5. Allocate funds for the COVID-19 surveillance system.
6. Monitor public health threats in other countries.

**D. The National Reference Laboratory (Research Institute for Tropical Medicine):**

1. Allocate funds for laboratory testing for COVID-19 and other SARI pathogens.
2. Allocate funds to support quality assurance activities of sub-national and other laboratories
3. Provide confirmatory services to COVID-19 cases.

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4. Provide funds and technical support for specimen collection, transport, and storage from the sites to the laboratory.
5. Provide technical support, training, and quality assurance to the subnational laboratories and officially accredited laboratory testing facilities.
6. Assess testing facilities for accreditation as an official laboratory confirmatory testing facility.
7. Provide laboratory results to designated DOH officials, EB, RESU, and health facilities and disease reporting units.

**E. Subnational Reference Laboratories and DOH-Certified Laboratory Testing Facilities shall:**

1. Provide confirmatory services to suspect COVID-19 cases.
2. Provide laboratory results to DOH and its identified officials and offices and requesting health facilities.
3. Allocate funds for the COVID-19 surveillance system.

**F. Field Implementation and Coordination Team, Centers for Health Development, Health Facility and Services Regulatory Bureau, and PhilHealth**

1. Assist EB and RESU in ensuring compliance of health facilities, health providers, and laboratory facilities, both government and private, to guidelines for recording, investigation, and notification of suspect, probable, and confirmed COVID-19 cases
2. Assist the DOH Database Managers in following up and ensuring the timely submissions of government and private health facilities, health providers, and laboratory facilities

**G. Knowledge Management and Information Technology Service (KMITS) shall:**

1. Provide assistance in using the data entry platform
2. Resolve issues, concerns, and problems on the development, utilization, and implementation of the system;
3. Implement monitoring and evaluation mechanisms to improve data quality and use, including documenting and reporting of users' feedback and recommended improvements in the system

**H. Provincial and City/Municipal Health Offices of Highly Urbanized Areas shall:**

1. Orient and or re-orient hospital staff on mandatory disease reporting requirements
2. Support the operation of the epidemiology and surveillance unit through the following:
  - a. Identify and designate health staff to be trained and assigned as the COVID-19 Coordinator
  - b. Assign a staff for data encoding and a dedicated table top computer and other IT requirements such as internet connection for reporting are available.
  - c. Allocate budgetary support through the incorporated in the annual work and financial plan of the provincial/city/municipal health office the operation of the ESU for effective disease surveillance system

**I. Local (Provincial, City, and Municipal) Epidemiology and Surveillance Units shall:**

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1. Lead in the investigation, validation, contact tracing, monitoring of reported cases of COVID-19, and other response activities. This includes investigation of reported clustering cases.
2. Conduct training, orientation, and/or technical assistance to public health associates (PHAs) and barangay health emergency response teams (BHERTs) on case identification, close contact monitoring, and reporting of persons under quarantine, underscoring the importance of mandatory disease reporting requirements for COVID-19 surveillance.
3. Operationalize the surveillance system at their level
4. Allocate funds for the operation of the COVID-19 surveillance and response

**J. Role of Health Facilities and Disease Reporting Units shall:**

1. Orient or re-orient hospital/health facility staff regarding mandatory disease reporting requirements for COVID-19 surveillance.
2. Designate disease surveillance coordinators who will be responsible for preliminary investigation of suspect cases seen at the hospital.
3. Designate an COVID-19 coordinators, ideally the Hospital Epidemiology and Surveillance Unit or Infection Prevention and Control Head or Point Persons, who shall be responsible in: (a) ensuring completion and submission of CIF and/or encoding using the COVID-19 Information System, (b) ensuring laboratory sample collection and transport, (c) receive laboratory results, and (d) disclose laboratory results to attending physicians and/or case.
4. Assign a dedicated encoder and provide IT requirements for recording and notification.
5. Coordinate with EB and RESU, especially during case investigation and close contact tracing.
6. Provide access to medical records, facilitate case interviews, and other case investigation and contact tracing activities.
7. Provide daily updates to RESU as to case status of admitted suspect, probable, or confirmed cases using prescribed template.
8. Allocate funds for the COVID-19 surveillance system.

**VIII. REPEALING CLAUSE**

Administrative Order No. 2020-0012 dated March 17, 2020 entitled "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health" and all other issuances inconsistent with this Order are hereby repealed, rescinded, amended or modified accordingly.

**IX. EFFECTIVITY**

This Order shall take effect immediately.

  
**FRANCISCO T. DUQUE, III, MD, MSc**  
 Secretary of Health

# PPA Memorandum Circular No. 18-2020: Guidelines for the Prevention, Control, and Mitigation of the Coronavirus Disease (COVID-19) in the offices and Facilities of the Philippine Ports Authority (PPA)

April 25, 2020

PPA MEMORANDUM CIRCULAR  
No. 18 - 2020



**TO :** All Port Managers  
Department Managers  
Terminal Operators/Cargo Handling Operators  
Service Providers/Port Users  
All Concerned

**SUBJECT :** GUIDELINES FOR THE PREVENTION, CONTROL AND  
MITIGATION OF THE CORONA VIRUS DISEASE (COVID-19)  
IN THE OFFICES AND FACILITIES OF THE PHILIPPINE  
PORTS AUTHORITY (PPA)

## 1. LEGAL BASES

- 1.1 Republic Act No. 11469, otherwise known as "*The Bayanihan to Heal as One Act*"
- 1.2 Inter-Agency Task Force for the Management of Emerging Infectious (IATF) Disease Resolutions on COVID -19 related concerns
- 1.3 Memoranda from the Executive Secretary on COVID -19 related concerns
- 1.4 Section 6 (a)(ii and iii) of Presidential Decree No. 857, as amended

## 2. OBJECTIVES

- 2.1 To prescribe the guidelines for the prevention, control, mitigation and suppression of the spread of COVID-19 in PPA offices and facilities
- 2.2 To increase physical and mental resilience, reduce transmission, reduce contact and reduce duration of infection
- 2.3 To promote health, safety and well-being of all PPA employees, service providers, and the general public
- 2.4 To ensure operational continuity, efficiency and reliability of port services

## 3. COVERAGE

This Order shall apply to all PPA employees, including outsourced personnel, service providers, port users, stakeholders and the general public.

## 4. MINIMUM HEALTH AND SAFETY PROTOCOLS IN PPA OFFICES

### 4.1 FOR PPA EMPLOYEES

#### 4.1.1 REDUCTION OF TRANSMISSION

- 4.1.1.1 The "no mask, no entry" policy will be enforced. The wearing of masks or other appropriate and adequate Personal

Protective Equipment (PPE) by all PPA personnel (regular employees, contact of service, and outsourced personnel) while inside PPA offices shall be mandatory.

- 4.1.1.2 Personal sanitation supplies such as alcohol, hand sanitizers, and soaps shall be provided in common areas and toilet facilities.
- 4.1.1.3 General disinfection at the end of every business day shall be regularly done in all PPA offices. However, high-touch surfaces such as door knobs, elevator car operating panel (COP), handrails and stairwell railings shall be disinfected at least once every two (2) hours. Toilet facilities shall be maintained in clean and sanitary condition consistently throughout the day.
- 4.1.1.4 Public advisories as to physical distancing, sanitation and personal hygiene, such as handwashing and coughing etiquettes, shall be regularly displayed in video monitors in all PPA offices.

#### **4.1.2 REDUCTION OF CONTACT**

- 4.1.2.1 Physical distancing of at least one meter space requirement across all sides shall be observed at all times.
- 4.1.2.2 Movements within the work place, across work and common areas shall adhere to physical distancing requirements. Staggered lunch breaks shall be observed to comply with physical distancing requirements.
- 4.1.2.3 Use of information and communications technology (ICT) and resources is encouraged to avoid and/or limit face-to-face interactions or encounters.
- 4.1.2.4 Workplace layouts shall be redesigned to comply with physical distancing requirements.
- 4.1.2.5 Electronic and paperless transactions, as far as practicable, shall be institutionalized.
- 4.1.2.6 Additional shuttle service shall be provided, and physical distancing and wearing of mask shall be observed on board.
- 4.1.2.7 Internal meetings and conferences shall be undertaken electronically, through video conferencing or teleconferencing. If meeting is extremely necessary, it should be held in open and well-ventilated rooms.
- 4.1.2.8 Unless a viable cure and vaccine for COVID-19 is available and/or current situation allows, official travel of employees shall be strictly controlled/limited except in circumstances

when response to pandemic is necessary or continuity of PPA operations is at stake.

- 4.1.2.9 Training events shall be done online or through web conference whenever practicable subject to feasible schedule of both the training provider and PPA personnel.
- 4.1.2.10 Consistent with physical distancing standards, such as setting limit to workforce numbers, the number of physically reporting personnel shall be at most 50%, except for Port Police Department (PPD) and Administrative Services Department (ASD). The Information and Communication Technology Department (ICTD) shall provide onsite workforce which can sufficiently provide the needed technical support to other PPA offices.
- 4.1.2.11 Skeletal workforce teams on rotation shall be maintained in PMOs.
- 4.1.2.12 All employees 60 years old and above shall be subject to mandatory work from home (WFH) arrangement. Those with medically certified comorbidity such as hypertensive, asthmatic, diabetic, and autoimmune disorders can also opt for WFH arrangement. Flexible work arrangements will be adopted for employees, subject to approval by the Human Resource Management Department (HRMD) Manager.

#### **4.1.3 REDUCTION OF DURATION OF INFECTION**

- 4.1.3.1. Subject to the guidelines and policies of the Department of Health (DOH), COVID-19 testing shall be conducted on all employees once the Enhanced Community Quarantine (ECQ) is lifted. Subsequent testing shall be done as needed.
- 4.1.3.2. The filling up of Entry Protocol Forms is mandatory for all employees.
- 4.1.3.3. Thermal scanning/ temperature check will be done upon entry. Those with temperature of 38 degrees centigrade and above will be immediately referred to the Medical Clinic (for Head Office) and to a health facility (for PMOs) for further assessment.
- 4.1.3.4. Employees are encouraged to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Those who have symptoms are required to stay home and immediately communicate to their respective RC Heads.
- 4.1.3.5. The use of phones, desks, computers or other work tools of co-workers should be avoided. Said items should be cleaned and disinfected before and after use.

4.1.3.6. Hygienic measures such as handwashing and sanitizing shall be mandatory.

4.1.3.7. Use of noncontact methods of greeting is encouraged. Thus, handshaking and cheek kissing and like manner of greeting should be avoided.

#### **4.1.4 INCREASE IN PHYSICAL AND MENTAL RESILIENCE**

4.1.4.1 Fitness, nutrition and mental health programs shall be developed and made available for all regular and outsourced personnel.

4.1.4.2 The "no smoking" policy shall be strictly implemented.

#### **4.2 FOR NON-PPA PERSONNEL**

4.2.1 No person below 20 years old or above 60 years old shall be allowed entry. For this purpose, official identification cards shall be provided by all visitors to the lobby guard prior to entry. Visitors shall be provided with access pass indicating the specific floor and/or office access.

4.2.2 Sanitation protocols shall be observed prior to entry including accomplishment of Entry Protocol Form, thermal scanning, and handwashing or sanitizing. The "no mask, no entry" policy shall also apply.

4.2.3 Movements inside the offices will be limited and monitored.

#### **5. MINIMUM HEALTH AND SAFETY PROTOCOLS IN PPA FACILITIES**

5.1 PPA facilities, particularly areas for frontline services, such as Passenger Terminal Buildings (PTBs), Port Integrated Clearing Offices (PICOs) and such other areas being operated by port terminal operators, cargo handling operators or service providers and are accommodating third party visitors or port clients, shall be retrofitted or marked to comply with the physical distancing requirements.

5.1.1 Physical distancing requirements shall be observed at all times and wearing of masks and PPEs as appropriate shall be mandatory.

5.1.2 TV monitors in PTBs shall continue to play materials from DOH and World Health Organization (WHO) on the DOs and DON'Ts on how to reduce transmission. Printed materials shall also be made available. Preventive campaigns against COVID-19 following DOH and WHO recommendations will be pursued.

5.1.3 PTB and similar tickets will be issued electronically, as far as practicable.

- 5.1.4 Sanitation supplies such as alcohol, hand sanitation gels, etc. shall be made available in all public areas and toilet facilities by the port terminal operator/service providers.
- 5.1.5 The facilities shall be regularly disinfected at least once a day at the end of each business day. PTBs shall be disinfected at the end of every passenger embarkation cycle. Toilets and hand washing stations shall be maintained in clean and sanitary condition consistently throughout the day.
- 5.1.6 "Malasakit" Help Desks in PTBs shall continue to be activated.

## **6. SUPPORT SERVICES**

The following RCs are tasked to perform the following activities to effectively carry out the provisions of this Order:

### **6.1 Human Resources Management Department (HRMD)**

- 6.1.1 Review the existing work arrangements to allow other remote work strategies.
- 6.1.2 Work with ICTD to facilitate smooth transition to a remote work scenario.
- 6.1.3 Develop and implement Wellness, Health and Mental Programs.

### **6.2 Information and Communication Technology Department (ICTD)**

- 6.2.1 In coordination with concerned RC Head, review and evaluate existing work processes and develop on-line or electronic systems for said processes.
- 6.2.2 Develop guidelines in consultation with the Legal Services Department (LSD) on promoting E-commerce, Digital communications to include the use of electronic signature, and on-line transactions so as to limit human contact to a minimum.
- 6.2.3 Design computerized work processes based on the review and evaluation of existing work process to be done by the Port Management Systems and Organizational Development Department (PMSODD).

### **6.3 Administrative Services Department (ASD)**

- 6.3.1 Review, evaluate and redesign the existing design and layout of the office spaces and work stations of the different RCs including the physical arrangement of furniture and equipment to conform with physical distancing requirements.
- 6.3.2 Ensure that sanitation supplies and requirements of the different RCs are provided and made available at all times.

**6.4 Port Management Offices (PMOs)**

As far as practicable and applicable, the measures contained herein shall be adopted and implemented in the respective areas of responsibility of the PMOs.

**7. COVID-19 RESPONSE EMERGENCY (CORE) TEAM**

7.1 A Committee is hereby created composed of the following:

**Head Office:**

Chairperson	:	The AGM for Finance and Administration
Vice-Chairperson	:	The Manager, HRMD
Members	:	The Manager, ASD
		The Manager, ICTD
		The Manager, CD
		The Manager, POSD

7.2 Functions of the Committee

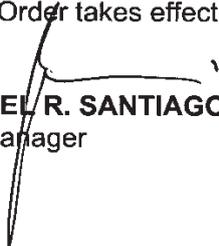
- 7.2.1 Oversee and monitor the implementation of COVID-19 measures.
- 7.2.2 Review and recommend additional measures for adoption or revisions.
- 7.2.3 Provide updates and reports to the General Manager.

**8. REPEALING CLAUSE**

All PPA orders, rules and regulations, policies or circulars which are inconsistent herewith are hereby repealed and/or amended accordingly.

**9. EFFECTIVITY**

This Order takes effect immediately.

  
**JAY DANIEL R. SANTIAGO**  
General Manager

# DTI and DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19



## DTI and DOLE INTERIM GUIDELINES ON WORKPLACE PREVENTION AND CONTROL OF COVID-19



### I. BACKGROUND

On March 8, 2020, President Rodrigo R. Duterte, recognizing that COVID-19 constitutes a threat to national security and prompting a whole-of-government approach in addressing the outbreak, declared a State of Public Health emergency throughout the entire Philippines through Proclamation No. 922.

On March 16, 2020, to prevent the sharp rise of COVID-19 cases in the country, the President placed the entire of Luzon under Enhanced Community Quarantine (ECQ) until April 14, 2020.

On April 7, 2020, upon the recommendation of the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID), the President extended the implementation of the ECQ until April 30, 2020.

On April 23, 2020, the IATF recommended that guidelines be issued by the different government agencies to provide policy directions for the public and stakeholders in complying with Government regulations following the modification of ECQ.

### II. OBJECTIVE

The guidelines are issued to assist private institutions that are allowed to operate during the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ) in developing the minimum health protocols and standards in light of the COVID-19 pandemic.

### III. COVERAGE

The Guidelines shall apply to all workplaces, employers and workers in the private sector.

### IV. WORKPLACE SAFETY AND HEALTH

The following safety and health standards shall be implemented in all workplaces aligned with the objectives of the minimum health standards of the Department of Health:

#### A. Increase physical and mental resilience

1. Emphasize to all workers the everyday actions to stay healthy such as:
  - a. Eat nutritious and well-cooked food;
  - b. Drink plenty of fluids and avoid alcoholic beverages;

- c. Increase the body's resistance by having adequate rest and at least eight (8) hours of sleep; and
  - d. Exercise regularly;
2. Enjoin companies to provide free medicines and vitamins; and
  3. Provide referral for workers needing counselling or presenting with mental health concerns

## **B. Reducing transmission of COVID-19**

1. Prior to entrance in buildings or workplaces
  - a. All employers and workers shall:
    - i. Wear face masks at all times and remove the same only when eating/drinking. Employers shall provide the appropriate face masks for workers. Should cloth masks be used, the washable type shall be worn but additional filter material such as tissue papers inside the masks may be added;
    - ii. Accomplish daily the health symptoms questionnaire and submit to the guard or designated safety officer prior to entry;
    - iii. Have their temperature checked and recorded in the health symptoms questionnaire. (refer to annex)  
For any personnel with temperature  $> 37.5^{\circ}\text{C}$ , even after a 5 minute rest, or if their response in the questionnaire needs further evaluation by the clinic staff, the person shall be isolated in an area identified by the company and not allowed to enter the premises. The isolation area should be well ventilated and must be disinfected frequently.  
Clinic staff assigned to assess the workers held in the isolation area shall be provided the appropriate medical grade PPEs by the establishment which shall include but not limited to, face masks, goggles/face shields, and/or gloves; and
    - iv. Spray alcohol/sanitizers to both hands; and provide disinfectant foot baths at the entrance if practicable.
  - b. Equipment or vehicle entering the hub operational area must go through a disinfection process; and
  - c. If there will be a long queue outside the office or store premises, roving officers should instill physical distancing of one meter.
2. Inside the workplace
  - a. All work areas and frequently handled objects such as door knobs and handles, shall be cleaned and disinfected regularly, at least once every two (2) hours;
  - b. All washrooms and toilets shall have sufficient clean water and soap, workers are encouraged to wash their hands frequently and avoid touching their eyes, nose and mouth;
  - c. Sanitizers shall be made available in corridors, conference areas, elevators, stairways and areas where workers pass;

- d. Workers, whether in office workstations or in operations area, shall always practice physical distancing meaning at the minimum one (1) meter radius space (side, back and front) between workers;
- e. Eating in communal areas is discouraged. It is best to eat in individual work area and all wastes shall be disposed properly.  
If eating in individual work areas is not possible, the employer shall ensure that physical distancing is maintained in dining areas with one worker per table and 1 meter distance per worker. It is discouraged that workers engage in conversation with masks off during meal times. Tables and chairs shall be cleaned or disinfected after every use of the area, and before as well as at the end of the work day; and
- f. Canteens and kitchens should be cleaned and disinfected regularly.

### **C. Minimize contact rate**

1. Alternative work arrangements, such as working-hour shifts, work from home (WFH), where feasible and on rotation basis;
2. Prolonged face-to-face interaction between workers and with clients are discouraged and masks shall be worn at all times and not removed. Meetings needing physical presence shall be kept to a minimum number of participants and with short duration. Videoconferencing shall be utilized for lengthy discussions among workers;
3. Office tables should be arranged in order to maintain proper physical distancing. Barriers may be provided between tables;
4. Workstation layout should be designed to allow for unidirectional movement in aisles, corridors or walkways;
5. To maintain physical distancing, number of people inside an enclosed space such as a room, store or hall shall be limited. Elevator use should consider physical distancing and limit the number of persons in order to observe the 1-meter physical distancing;
6. Use of stairs should be encouraged subject to physical distancing requirements. If more than 2 stairways are accessible, one stairway may be used exclusively for going up and another for going down;
7. Online system shall be highly encouraged to be utilized for clients needing assistance from offices including the use of videoconferencing; and
8. Roving officers shall always ensure physical distancing and observance of minimum health protocols.

### **D. On Reducing the risk of infection from COVID-19**

1. In the event that a worker is suspected as having COVID-19:
  - a. The worker shall immediately proceed to the isolation area designated in the workplace and never remove his/her mask;

- b. Clinic personnel attending to the workers should wear appropriate PPEs and if needed should require the transport of the affected worker to the nearest hospital. Company protocols for transport for suspect COVID-19 cases and for **PCR testing**, should be in place including providing for ambulance conduction. Hospitals will report to the DOH for COVID-19 suspect; and\_\_\_\_\_
- c. Decontamination of workplace
  - i. Workplace shall be decontaminated with appropriate disinfectant (e.g. chlorine bleaching solution and 1:100 phenol based disinfectant);
  - ii. After decontamination of the work area, work can resume after 24 hours; and
  - iii. Workers present in the work area with the suspect COVID-19 worker shall go on 14 days home quarantine with specific instructions from the clinic staff on monitoring of symptoms and possible next steps. If suspect COVID-19 worker has negative result, co-workers may be allowed to report back to work.
- 2. In the event that a worker is sick or has fever but is not suspected to have COVID-19 (ex., urinary infection, wound infection or any diseases not related to lungs or respiratory tract) the employer must advise the worker to take prudent measures to limit the spread of communicable diseases, as follows:
  - i. Stay at home and keep away from work or crowds;
  - ii. Take adequate rest and take plenty of fluids;
  - iii. Practice personal hygiene to prevent spread of disease; and
  - iv. Seek appropriate medical care if there is persistent fever, when difficulty of breathing has started, or when he/she becomes weak.

## V . DUTIES OF EMPLOYERS AND WORKERS

Employers shall:

1. Provide the necessary company policies for the prevention and control of COVID-19 in consultation with workers. Advocacy and IEC programs should be taken from DOH, WHO and reliable sources of information on COVID-19;
2. Provide resources and materials needed to keep the workers healthy and the workplace safe, e.g., masks, soap, sanitizer, disinfectant, PPEs, including COVID-19 testing kits, etc;
3. Designate the safety officer to monitor COVID-19 prevention and control measures such as physical distancing, wearing of masks, regular disinfection, compliance to thermal scanning and accomplishing health symptoms questionnaire;
4. Enhance health insurance provision for workers;
5. Where feasible, provide shuttle services and/or decent accommodation on near-site location to lessen travel and people movement;
6. Enjoin the hiring from the local community; and
7. Put up a COVID-19 Hotline and Call Center for employees to report if symptomatic, and daily monitoring scheme of our “suspect” employee condition.

Workers shall:

1. Comply with all workplace measures in place for the prevention and control of COVID-19, such as, frequent hand washing, wearing of masks, observe physical distancing always, etc;
2. Observe proper respiratory etiquette;
3. Coughing and sneezing into tissue or into shirt sleeve if tissue is not available.
4. Disposing used tissues properly; and
5. Disinfecting hands immediately through proper washing with soap and water or alcohol-based sanitizer immediately after a cough or sneeze.

## **VI . WORKPLACE WITH IMMINENT DANGER SITUATIONS**

In workplaces where workers are evidently at risk of infection as in health-care and other frontline services, the employer shall comply with the DOH Department Memorandum No. 2020-0178: Interim Guidelines on Health Care Provider Networks during the COVID-19 Pandemic, 11 April 2020.

Workers in said workplaces must take extra precautionary measures which include strict hygiene and the use of personal protective equipment (PPE). Employers shall ensure that PPE (*e.g.* respirators such as N95, gowns, gloves) is properly worn by the workers while at work and disposed of accordingly after use.

## **VII . COVID-19 TESTING**

Employers may test workers for COVID-19. Testing kits used and procured shall be the responsibility of the employer. DOH Protocols shall be followed for the testing of workers and interpretation of results in accordance with DOH Department Memorandum No. 2020-0180: Revised Interim Guidelines on Expanded Testing for COVID-19, 16 April 2020 and DOH Administrative Order No. 2020-0014: Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines, 07 April 2020. Company policy on COVID-19 testing shall be formulated and agreed upon by employers and workers in conformity with the DOH protocols.

Workers with a negative test shall continue to work. They should be given appropriate advise and instructions once they develop any health complaints or symptoms. The company OSH personnel shall continue to monitor all workers.

## **VIII. MOST AT RISK WORKERS<sup>1</sup> AND VULNERABLE GROUPS**

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<sup>1</sup> (> 60 Y.O, or, of any age with co-morbidities or pre-existing illness, i.e., hypertension, diabetes, cancer, or with immunocompromised health status; or with high risk pregnancy).

Employers are highly encouraged to allow these workers to do work from home arrangement. Work Agreements should be developed to detail the deliverables from these employees and there shall be no diminution in wages or benefits.

#### **IX. ASSISTANCE BY THE DTI AND DOLE**

DTI and DOLE shall extend assistance and technical support to all workplaces, employers and workers in complying with the Guidelines.

#### **X . REPORTING OF ILLNESSES/ DISEASES/INJURIES**

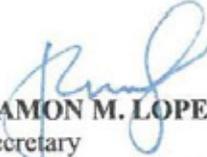
The employer shall provide the DOLE through its Regional Office copy furnished DOH, monthly reporting of illness, diseases and injuries utilizing the DOLE Work Accident/Illness Report Form (WAIR)

#### **XI . EFFECT OF FUTURE GUIDELINES**

This Interim Guidelines may be amended or superseded by later guidelines

#### **XII . EFFECTIVITY**

This Interim Guidelines shall take effect immediately.

  
**RAMON M. LOPEZ**  
Secretary  
Department of Trade and Industry

  
**SILVESTRE H. BELLO III**  
Secretary  
Department of Labor and Employment

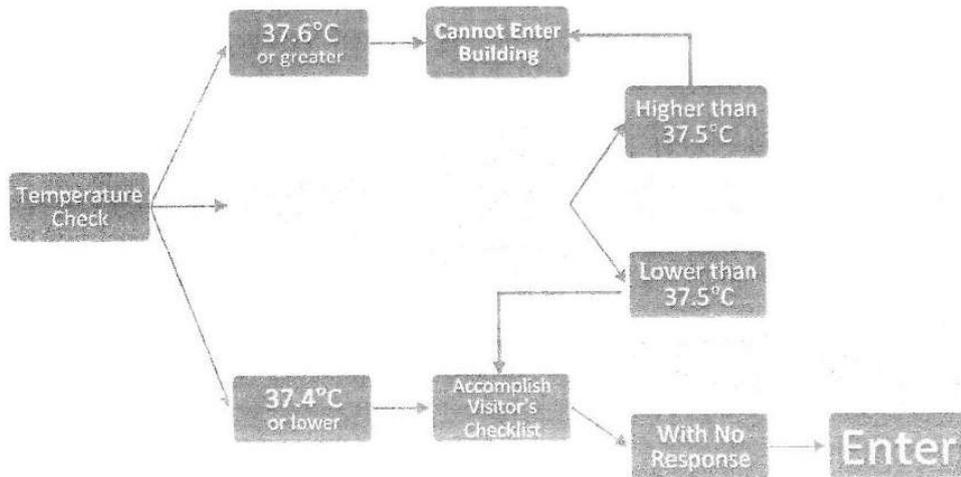
30 April 2020

## ANNEX

### Sample Protocol for Screening Employees and Visitors

Employers may adapt this sample protocol in toto or in portions, as applicable in their work environment. This sample protocol does not prevent employers from developing their own screening protocols compliant to the latest local or international occupational safety and health guidelines.

1. All workers, regardless of status, and visitors shall be subjected to a no-contact temperature scan.



2. All visitors shall accomplish the visitor's checklist

**Health Checklist**

Temperature: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Residence: \_\_\_\_\_

Nature of Visit: Official:  **If official, fill-in company details below**  
 Please check one Personal:

Company Name: \_\_\_\_\_

Company \_\_\_\_\_

Address: \_\_\_\_\_

	Yes	No	
1. Are you experiencing: ( <i>nakakaranas ka ba ng:</i> )	a. Sore throat ( <i>pananakit ng lalamunan / masakit lumunok</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains ( <i>pananakit ng katawan</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache ( <i>pananakit ng ulo</i> )	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fever for the past few days ( <i>Lagnat sa nakalipas na mga araw</i> )	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? ( <i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? ( <i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last 14 days? ( <i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 na araw?</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? ( <i>Ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i> ) Specify( <i>Sabihin kung saan:</i> ) _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize [name of establishment], to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DOH Memorandum No. 2020-0220: Interim Guidelines on the Return-to-Work



## JOINT MEMORANDUM CIRCULAR NO. 20-04-A Series of 2020

### DTI AND DOLE SUPPLEMENTAL GUIDELINES ON WORKPLACE PREVENTION AND CONTROL OF COVID-19

**WHEREAS**, by virtue of its powers vested in Article 162 of the Labor Code, the Department of Labor and Employment (DOLE) promulgated the Occupational Safety and Health Standards (OSH) to protect every worker against the dangers of injury, sickness, or death through safe and healthful working conditions;

**WHEREAS**, the Department of Trade and Industry (DTI) is mandated under Executive Order No. 292 dated 25 July 1987 as the primary coordinative, promotive, facilitative and regulatory arm of the Executive Branch of government in the area of trade, industry and investments, and shall act as catalyst for intensified private sector activity in order to accelerate and sustain economic growth;

**WHEREAS**, Section 2, Chapter II of Republic Act (RA) No. 11058 entitled “An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof,” expressly provides that it shall apply to all establishments, projects, sites, including establishments located inside special economic zones and other investment promotion agencies, such as Philippine Economic Zone Authority (PEZA), and Clark Development Corporation (CDC), and all other places where work is being undertaken in all branches of economic activity, except in the public sector;

**WHEREAS**, on 03 February 2020, the Department of Health (DOH) issued Department Memorandum No. 2020-0056 which provides for the “Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in the Workplace” which enumerated the necessary precautions to prevent, contain, and mitigate the possible transmission of the disease in workplaces in the country;

**WHEREAS**, on 27 April 2020, the DOH issued Administrative Order No. 2020-0015 on the Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation, prescribing the minimum public health standards to be adhered by all sectors and requiring, among others, employers to subject all employees and customers to temperature checks prior to entering the establishment, building or office spaces;

**WHEREAS**, on 29 April 2020, the Inter Agency Task Force for the Management of Emerging Infectious Disease (IATF) approved the Omnibus Guidelines for the Implementation of Community Quarantine in the Philippines (“Omnibus Guidelines”) for recommendation to the President, mandating *“all persons to wear face masks, earloop masks, indigenous, reusable, do-it-yourself masks, or face shields, handkerchief, or such other protective equipment, or any combination thereof, which can effectively lessen the transmission of COVID-19;”*

CERTIFIED TRUE PHOTOCOPY  
JOEL B. CRUZ  
Director, HRAS  
Department of Trade & Industry

**WHEREAS**, under the said Omnibus Guidelines, minimum public health standards shall refer to the *“guidelines set by the DOH, as well as sector-relevant guidelines issued by government agencies, to aid all sectors in all settings to implement non-pharmaceutical interventions (NPI), which refer to public health measures that do not involve vaccines, medications or other pharmaceutical interventions, which individuals and communities can carry out in order to reduce transmission rates, contact rates, and the duration of infectiousness of individuals in the population to mitigate COVID-19;”*

**WHEREAS**, on 30 April 2020, Executive Order No. 112 s. 2020 approved the said Omnibus Guidelines and granted the IATF authority to approve any amendment or modification thereof without need of further approval by the President;

**WHEREAS**, on even date, the DTI and DOLE issued the Interim Guidelines on Workplace Prevention and Control of COVID-19 providing for the guidelines *“to assist private institutions that are allowed to operate during the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ) in developing the minimum health protocols and standards in light of the COVID-19 pandemic;”*

**WHEREAS**, on 11 May 2020, the DOH issued Memorandum Order No. 2020-0022 or the “Interim Guidelines on the Return-to-Work” enumerating the protocols on screening and testing of asymptomatic returning employees and workers, among others;

**WHEREAS**, on 29 May 2020, DOH Department Memorandum Nos. 2020-0258 was issued providing for the “Updated Interim Guidelines on Expanded Testing for COVID-19,” and identified the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing;

**WHEREAS**, on 29 June 2020, IATF Resolution No. 50 was issued supporting the recommendation to further open up the economy while revisiting strategies to boost the confidence of people to go back to work and to strengthen the mitigating measures on strictly enforcing minimum public health standards, among others;

**WHEREAS**, on 02 July 2020, IATF Resolution No. 51 was issued approving the Phase II of the National Action Plan to strategically balance health and economic objectives, and to concentrate efforts on expanded and targeted testing and contact tracing by gradually allowing travel tourism, and non-disruption of work, among others;

**WHEREAS**, on 06 July 2020, the DOH issued Department Memorandum No. 2020-0258-A, which amended Department Memorandum No. 2020-0258, and provided for additional sub-groups of at-risk individuals required to be tested, such as frontliners in tourist zones and economy employees, among others;

**WHEREAS**, on 16 July 2020, the IATF further amended the Omnibus Guidelines and provided, among others, that *“(1) the operation of industries and establishments are subject to the visitorial and enforcement powers of the DOLE and DTI, and other appropriate agencies to ensure compliance therewith, especially the compliance with the provisions on maximum allowable operational capacity in establishments, as well as minimum public health standards and protocols, and (2) the national government agencies and instrumentalities including GOCCs and LGUs shall adopt measures lawful and necessary to implement and enforce the minimum public health standards;”*

**WHEREAS**, on 06 August 2020, IATF Resolution No. 61, Series of 2020 was issued ratifying the Technical Working Group’s adoption of the DOH-DOLE-DTI Joint Supplemental Guidelines on Minimum Health Protocols in the Workplace;

CERTIFIED TRUE PHOTOCOPY  
  
JOEL R. CRUZ  
Director, HRAS  
Department of Trade & Industry

**WHEREFORE**, upon consultation with and recommendation of the DOH, to further ensure the safety and health of employees in the private sector, the following supplemental guidelines are hereby issued for the guidance of all concerned.

## **I. Coverage**

This Joint Memorandum Circular (JMC) shall apply to all private establishments regardless of economic activity, including those located inside special economic zones and other areas under the jurisdiction of Investment Promotion Agencies (e.g. Philippine Economic Zone Authority (PEZA), Clark Development Corporation (CDC), Authority of the Freeport Area of Bataan (AFAB), Aurora Pacific Economic Zone and Freeport (APECO, etc.)).

## **II. Workplace Safety and Health**

Employers are required to implement all necessary workplace safety and health programs, including the following COVID-related programs, at no cost to the employees:

### **A. Increase Physical and Mental Resilience**

1. Employers shall provide their employees with psychosocial support, especially those presenting mental health concerns. If this is not available, a referral system to mental health specialists must be in place, either through establishing a network with an accredited health facility, through telemedicine services, or through the National Center for Mental Health Crisis Hotline at 0917-899-8727 (0917-899-USAP) and (02) 7-989-8727 ((02)-7-989-USAP).
2. Employers shall likewise promote work-life balance, especially in these trying times through proper scheduling of activities and workforce rotation.
3. Company policies on prevention and control of COVID-19 should be aligned with the existing minimum public health standards and guidelines issued by the DOH and other regulatory agencies.

### **B. Reducing Transmission of COVID-19**

1. The following are the minimum public health standards to be complied with in all workplaces:
  - a. Masks
    - i. Face masks must be worn at all times.
    - ii. Medical grade masks are highly encouraged and should be properly disposed of after use.
    - iii. Masks with vents should not be used.
    - iv. Cloth masks, with additional filter such as tissue paper or similar material, may be used as long as they are clean and washed daily. The filter should be changed daily or after every sneezing or coughing episode, and should be properly disposed of after use. Hands should be washed/disinfected before replacing the filters.
    - v. Frequent mask handling and manipulation should be avoided.
  - b. Face shields
    - i. Face shields shall cover the entire face (completely cover the sides and length of the face). If possible, face shields should extend to the ears and below the chin.

- ii. Visor-type face shields shall not be allowed.
  - iii. Face shields and masks should always be worn together when interacting with colleagues, clients and/or visitors.
  - iv. Face shields may be removed according to the demands of the work or when the occupational safety and health of the employees so requires.
- c. Physical Distancing
- i. Physical distancing of at least one (1) meter, or two (2) meters when possible, shall be observed at all times. This must be practiced in combination with the wearing of masks and face shields.
- d. Frequent Disinfection
- i. Frequent handwashing with soap and water or the application of alcohol-based disinfectants shall be mandatory in all workplaces and is encouraged to be practiced at home.
2. The following disinfecting/washing resources, supplies/materials should be made available to employees and clients/visitors:
- a. hand washing stations,
  - b. soap and sanitizers, and
  - c. hand drying equipment or supplies (e.g. single use paper towel).

The foregoing supplies/materials should be placed in the following strategic locations in the workplace:

- i. Corridors or hallways
  - ii. Conference areas
  - iii. Elevators
  - iv. Stairways
  - v. Points of entry
  - vi. Locker rooms
  - vii. Common areas (e.g. lounge, pantry, etc.)
  - viii. Bathroom
  - ix. Canteen
  - x. Personal workspace
  - xi. Company vehicles and shuttle services
3. Display of signages/visual cues and reminders to practice proper handwashing and other hygiene behaviors among employees is mandatory. These include:
- a. Hand washing with soap and water, or use of hand disinfectants with alcohol-based sanitizers specifically, but not limited to, the following instances:
    - i. Before and after handling food or eating;
    - ii. After using the bathroom;
    - iii. Before and after taking off their face mask and/or face shield;
    - iv. After touching frequently-touched surfaces and objects (e.g. stair railings, elevator controls, door knobs); and
    - v. Before and after touching their face.
  - b. Advising employees to conduct surface disinfection in their work stations before the start of the shift, intermittently during shift and at the end of the shift.
  - c. Discouraging sharing of personal items between employees to prevent possible transmission.

4. Employers classified as large and medium sized private establishments (i.e. those with total assets<sup>1</sup> above PHP15M) are enjoined to provide shuttle services to their employees.

Minimum public health standards should be enforced in the shuttle services, i.e. use of face shields and face masks, observance of physical distancing, and frequent disinfection. Employees inside the vehicles should be required to avoid talking with each other, taking phone calls, eating and removing their masks and shields. Signages of “No Talking,” “No Eating,” and “No Taking Phone Calls” should likewise be displayed or posted on the conspicuous areas in the vehicle.

All vehicle types, as long as not expressly prohibited by the DOTr through an issuance, may be used for shuttle services.

5. Adequate ventilation should be strictly enforced in the following:
  - a. *Inside the workplace* - Natural air flow exchange (opening windows, opening doors, turning off air-conditioning units to reduce air recirculation) is highly encouraged. If possible, the installation of exhaust fans, installation of air filtration devices with High-Efficiency Particulate Air (HEPA) filters or the recalibration of building heating, ventilation and air-conditioning (HVAC) systems should be explored.
  - b. *Inside the shuttle service*– The opening of windows, with at least three (3) inches of opening, while in transit should be practiced whenever possible. The observance of physical distancing of at least one (1) meter and wearing of face masks and face shields shall be followed. Proper disinfection before and after each use of the vehicle is likewise mandatory.
6. Mandatory advocacy awareness raising programs
  - a. In order to enforce these guidelines, the Occupational Safety and Health (OSH) Committee shall facilitate webinars, virtual lectures and trainings on COVID-19, its prevention and control, including best practices to be attended by all employees and management.
  - b. Topics should include:
    - i. Recommended best practices on:
      - a) Wearing of masks and face shield and reducing frequent manipulation;
      - b) Physical distancing;
      - c) Frequent and proper handwashing;
      - d) Frequent Disinfection; and
      - e) Other preventive strategies in reducing the spread of COVID-19.
    - ii. Frequent updates on relevant information, as it becomes available, from the DOH, WHO and other reliable sources, including COVID-19 test protocols
7. Designated smoking areas in the workplaces shall be provided with individual “booths,” subject to the applicable requirements and standards under Republic Act No. 9211 and Executive Order No. 26, S. 2017. Employers shall require employees to strictly observe physical distancing measures and other applicable health protocols (i.e. no talking inside designated smoking areas).

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<sup>1</sup> Assets shall refer to total assets, inclusive of those arising from loans but exclusive of the land on which the particular business entity's office, plant and equipment are situated. (Section 3, Republic Act 9501 or the Magna Carta for MSMEs)

### C. Reduce Contact

1. Most-at-risk population (MARP) for COVID-19 in the workplace (e.g. senior citizens, pregnant women, individuals with underlying health conditions) and those below 21 years old, shall continue to observe work-from-home arrangements. When needed to occasionally report to work, they may be allowed to, provided a certificate of fit to work is secured from the OSH personnel<sup>2</sup> and must stay in the workplace only for a specified number of hours. They shall limit physical contact inside the premises.
2. Restriction of mass gatherings:
  - a. Depending on the risk classification of the workplace locality, as defined by IATF's risk severity grading, Employers shall follow the restriction on mass gatherings, (i.e. only 10% of seating capacity for meeting rooms in high/moderate-risk areas (e.g. confined spaces) and a maximum of 50% seating capacity for low-risk areas (e.g. open areas)).
  - b. Videoconferencing shall always be used for meetings needing large attendance of employees and/or for meetings lasting longer than 15 minutes.
  - c. The safety officer, which refers to any employee or officer of the company trained by the DOLE and tasked by the employer to implement an occupational safety and health program, and ensure that it is in accordance with the provisions of OSH standards, will determine the maximum number of employees allowed to stay at any given time in areas where they usually converge during breaks, or before/after work shifts (e.g. canteens, locker rooms, changing rooms, lounges, rest rooms or comfort rooms). The safety officer shall ensure that minimum public health standards are followed at all times.
3. Employers shall adopt staggered meal schedules to further restrict contact among its employees. Eating alone in the workstation is highly encouraged.

Dining in canteens may be allowed provided that employees shall strictly comply with the physical distancing of at least one (1) meter and shall be prohibited from talking with each other. Employers are required to provide signages, physical barriers, and such other means to ensure compliance with these protocols.

To ensure compliance with the physical distancing requirements, employers may set up makeshift dining areas to complement canteens in the workplace.

- a. Masks should be immediately worn after eating.
  - b. Use of communal items such as, but not limited to, dipping sauces and condiments, utensil dispensers, and straw dispensers shall be prohibited.
  - c. Serving of buffet meals and other similar set-ups shall be prohibited.
4. Employers shall, as much as practicable, minimize the duration of customer transactions to less than 15 minutes.

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<sup>2</sup>Section 2 (i), Chapter II of RA 11058 defines Occupational health personnel as:

(i) Occupational health personnel refers to a qualified first aider, nurse, dentist or physician engaged by the employer to provide occupational health services in the establishment, project, site or workplace.

## **D. Reduce duration of infection**

### **1. Detection**

All employees, upon entering the building premises/workplaces, shall be required to accomplish the Health Declaration Form (**Annex A-1**), or any digital iteration thereof. The security staff or other responsible personnel shall immediately screen the accomplished form and perform a temperature check (**ANNEX B**).

- a. If “Yes” to any item is answered or if with a  $T > 37.5$  degrees Celsius, the employee shall be denied entry and referred to the workplace isolation area for further evaluation by the Safety Officer.
- b. If “No” to all items are answered and temperature is  $< 37.5$  degrees Celsius, the employee shall be permitted entry.
- c. The security staff or other responsible personnel on duty shall immediately give the accomplished health declaration form to the company Human Resources (HR) for appropriate action and storage.
- d. Should an online health declaration form be used, the form should be electronically submitted to HR.
- e. The Health Declaration Form shall be handled and processed in accordance with the Data Privacy Act and related issuances to ensure that –
  - i. Data collected should only include such necessary data proportional to the purpose of contact tracing;
  - ii. The processing of personal data shall be transparent and that the data subjects shall be apprised of the reasons for such collection;
  - iii. Reasonable and appropriate security measures and safeguards shall be implemented to protect the personal data collected;
  - iv. The personal data collected shall be considered highly confidential; and
  - v. The personal data shall be stored only for a limited period and shall be disposed of properly after thirty (30) days from date of accomplishment.

2. Employers shall direct symptomatic individuals through appropriate health system entry points such as the primary care facility (e.g. Barangay Health Center, Infirmary, Private Clinics / hospitals) or telehealth consultation. Referral networks shall be established.
3. Employers may contact the DOH through its hotline 1555 for guidance on the handling and referring symptomatic employees.

## **III. Management of Asymptomatic and Symptomatic Employees in the Workplace**

### **A. Remote Management of Cases and Close Contacts**

1. Employers shall ensure that the Employees, regardless of work arrangements, have access to telemedicine services, either through health maintenance organization (HMO), employer-initiated telemedicine services, or Barangay Health Center.
2. Large and medium private establishments are strongly encouraged to provide their own telemedicine services, in the absence of an HMO.

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Department of Trade & Industry

## **B. Isolation and Referral**

1. Large and medium private establishments (i.e. with total assets of above Ph15m) and establishments with multiple tenants are mandated to designate an isolation area of one room for every 200 employees, which shall be other than the company clinic, and must be situated near the entrance/s or in a nearby facility, for employees needing further assessment due to elevated temperature, presence of flu-like symptoms, any yes answer to the Health Declaration, or exposure history to a COVID-19 case or probable case thereof.
2. The designated isolation area shall have adequate ventilation and make available PPEs for the health personnel and symptomatic patients (e.g. face shields and medical-grade face masks). The isolation area shall be provided with chairs and must have a dedicated restroom. It shall be disinfected once every two (2) hours and/or immediately after any infected or confirmed COVID-19 employee leaves the area.
3. Private establishments unable to establish an isolation area may make arrangements with a temporary treatment and monitoring facility nearby or with the Barangay Local Government Unit, for immediate referral of employees who fulfill the criteria for isolation in III.A.1.
4. All individuals shall keep their face masks and face shields during isolation at all times.
5. Isolation area personnel shall always wear the recommended PPEs prior to attending to the symptomatic employee, as prescribed in the DOH Department Memorandum No. 2020-0197, including:
  - a. Disposable gown
  - b. Face shield
  - c. Medical grade mask
  - d. Gloves

All used PPEs shall be properly disposed after every use.

6. Company protocols for transporting the symptomatic employee/s to the nearest health facility, such as ambulance conduction and if necessary, for PCR testing shall be put in place (refer to ANNEX C for guidance for conduction of individuals).
7. Malls and buildings shall have at least one (1) isolation area near the entrances.

## **C. Contact Tracing**

1. Employers shall ensure strict compliance with the protocols established by the DOH and LGUs for contact tracing of employees in close contact with a COVID-19 case, as specified in DOH Memorandum No. 2020-0189 entitled, "Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases"

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2. Close contacts shall be defined as employees with exposures two (2) days before or within 14 days from onset of symptoms of a suspect, confirmed or probable case.<sup>3</sup> Exposure shall be any of the following:
  - a. Face-to-face contact with a confirmed case within one (1) meter and for more than 15 minutes, with or without a mask;
  - b. Direct physical contact with a confirmed case; or
  - c. Direct care for a patient with probable or confirmed COVID-19 disease without using PPEs.
3. Contact Tracing among the Workforce
  - a. Employers shall conduct contact tracing within their workplace to identify close contacts. Workplace CCTV may be used to determine close contacts.
  - b. Employers shall ensure that close contacts of employees whose RT-PCR test confirmed positive undergo a 14-day quarantine period.
  - c. During the 14-day quarantine, close contacts shall be required to regularly report to their employer any development, including new symptoms. Symptomatic employees should update their employer regarding their COVID-19 test results from a nationally accredited testing facility.
  - d. Close contacts who remain asymptomatic for 14 days may return to work without need for a test.
  - e. Employers shall make available work-from-home (WFH) arrangements for the close contacts when feasible.
4. Contact Tracing of Customers and Visitors
  - a. Customers, including visitors, entering private establishments/business premises shall be required to completely accomplish the Contact Tracing Form **(Annex A-2)**
  - b. Contact tracing forms shall be surrendered daily to the HR officer for future reference and safekeeping.
  - c. Employers shall explore the use of technology, such as by using contactless forms.
  - d. Contactless forms shall be handled with the highest degree of confidentiality and securely disposed of after thirty (30) days.
5. Referral of symptomatic individuals shall be coordinated to the nearest health care facility as provided under the latest DOH interim guidelines (e.g. DOH Department Memorandum 2020-00334).

<sup>3</sup>Case definitions based on DOH Administrative Order No. 2020-0013 dated 09 April 2020:

**suspect case** – is a person who is presenting with any of the conditions below

- All Severe Acute Respiratory Infection (SARI) cases where no etiology fully explains the clinical presentation.
- Influenza-like illness (ILI) cases with any one of the following:
  - i. With no other etiology that fully explains the clinical presentation AND a history of travel to or residence in an area that reported local transmission of COVID-19 disease during the 14 days prior to symptom onset; or
  - ii. With contact to a confirmed or probable case of COVID-19 in the two days prior to onset of illness of the probable/confirmed COVID-19 case until the time the probable/confirmed COVID-19 case became negative on repeat testing
- Individuals with fever or cough or shortness of breath or other respiratory signs or symptoms fulfilling any one of the following conditions:
  - i. Aged 60 years and above;
  - ii. With a comorbidity
  - iii. Assessed as having a high-risk pregnancy
  - iv. Health worker

**probable case** – a suspect case who fulfills any one of the following:

- Suspect case whom testing for COVID-19 is inconclusive
- Suspect case who has tested positive for COVID-19 but whose test was not conducted in a national or subnational coronavirus reference laboratory, or an officially accredited laboratory for confirmatory testing

**confirmed case** – any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-certified laboratory testing facility

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#### **D. COVID-19 Testing**

1. Employers are encouraged to collaborate with the national and/or local government testing efforts like drive-thru or walk-thru testing facilities.
2. Following the expanded testing strategy in DOH DM 2020-0258 and DOH DM 2020-0258-A, the following priority workers shall undergo RT-PCR test --
  - a. All employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism (DOT) once every four (4) weeks.
  - b. All employees of manufacturing companies and public service providers in economic zones located within Special Concern Areas once every quarter.
  - c. Frontline and Economic Priority Workers, defined as those who (1) work in high priority sectors, both public and private; (2) have high interaction with and exposure to the public; and (3) live or work in Special Concern Areas, once every quarter. These workers include --
    - i. Transport and Logistics
      - a) Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses,
      - b) Public Transport Vehicles
      - c) Conductors
      - d) Pilots, Flight Attendants, Flight Engineers
      - e) Rail operators, mechanics, servicemen
      - f) Delivery staff
      - g) Water transport workers — ferries, inter island shipping, ports
    - ii. Food Retail
      - a) Waiters, Waitresses, Bar Attendants, Baristas
      - b) Chefs and Cooks
      - c) Restaurant Managers and Supervisors
    - iii. Education — once face to face classes resume
      - a) Teachers at all levels of education
      - b) Other school frontliners such as guidance counselors, librarians, cashiers
    - iv. Financial Services
      - a) Bank Tellers
    - v. Non-Food Retail
      - a) Cashiers
      - b) Stock clerks
      - c) Retail salespersons
    - vi. Services
      - a) Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists
      - b) Embalmers, Morticians, Undertakers, Funeral Directors
      - c) Parking Lot Attendants
      - d) Security Guards
      - e) Messengers
      - f) Ushers, Lobby Attendants, Receptionist
      - g) Clergy
    - vii. Market Vendors
    - viii. Construction
      - a) Carpenters

- b) Stonemasons
- c) Electricians
- d) Painters
- e) Construction workers, including Foremen, Supervisors
- f) Civil Engineers, Structural Engineers, Construction Managers
- g) Crane and Tower operators
- h) Elevator installers and repairers
- ix. Water Supply, Sewerage, Waste Management
  - a) Plumbers
  - b) Recycling and Reclamation workers/Garbage Collectors
  - c) Water/Wastewater engineers
  - d) Janitors and cleaners
- x. Public Sector
  - a) Judges,
  - b) Courtroom clerks, staff and security
  - c) All national and local government employees rendering frontline services in Special Concern Areas
- xi. Mass Media
  - a) Field reporters, photographers, and camera crew

d. Employers are highly encouraged to regularly send their employees for testing once every quarter, at no cost to the employees.

3. Testing of Symptomatic & Close Contacts –

- a. All employees experiencing symptoms of COVID-19, and those who are close contacts must undergo RT-PCR testing.

Employers shall inform the LGU/s having jurisdiction over the workplace and the respective residence/s of the symptomatic employees and close contacts before testing for monitoring purposes.

- b. Symptomatic employees with travel/exposure to COVID-19 shall undergo fourteen (14) days quarantine. Upon its completion and prior to resumption of work, the employee shall present a Certificate of Quarantine Completion from the step-down care facility or local health office, per Philippine Society for Microbiology and Infectious Disease (PSMID) Guidelines on Return-to-Work (**Annex E**).

A step-down care facility refers to a DOH or LGU identified facility, such as Temporary Treatment Mega Facility (TTMF), for recovering COVID-19 patients who have been hospitalized, but have not yet been certified as COVID-free and transferred to the TTMF.

4. Testing of Asymptomatic Employees Returning to Work

- a. RT-PCR or antibody-based tests is NOT recommended nor required for asymptomatic employees returning to work.
- b. Employees physically reporting to work shall be screened for COVID-19 symptoms, including fever, cough, colds and other respiratory symptoms, and/or determination of travel or exposure to COVID-19 cases within the last 14 days.

Asymptomatic employees prior to physically returning to work may be cleared by the local health officer or OSH physician.

#### **IV. Occupational Safety and Health Committees (OSH Committees)**

- A. Employers shall establish OSH Committees in accordance with Republic Act No. 11058, its IRR, and DOLE Department Order No. 198, Series of 2018 which took effect on 25 January 2019.
- B. The OSH Committee and/or safety officer of the workplace shall oversee enforcement and monitoring of the minimum public health standards for COVID-19 prevention in the workplace and this JMC.
- C. Monitoring by the OSH Committees shall include evaluation and analysis of the company's implementation of the minimum health standards and protocols to immediately address the spread of COVID-19 in the workplace, if any, and recommend and implement appropriate preventive measures. Health surveillance may be conducted to determine the cause/s of the spread/transmission of the virus in the workplace.
- D. For 2 or more private establishments housed under the same building, a joint OSH Committee shall also be established in accordance with DOLE Department Order No. 198, Series of 2018. They may share resources for a successful implementation of a comprehensive OSH Program, including a COVID-19 Prevention and Control Program.

#### **V. Notification and Reporting**

- A. Reporting of COVID-19 test results to the DOH shall be done in accordance with DOH Administrative Order No. 2020-0013, entitled "Revised Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health."
- B. Even before testing, the OSH Officer/employer must report COVID-19 positive employees, symptomatic employees, and their close contacts, to the local health office having jurisdiction over the workplace and the Barangay Health Emergency Team (BHERT) of their place of residence, in accordance with DOH DM No. 2020-0189.
- C. The data privacy provisions under the Data Privacy Act and DM 2020-0189 shall be strictly complied with to ensure that the data privacy rights of patients/subjects are respected and protected.
- D. The LGU, through their City Epidemiology Surveillance Unit (CESU), Municipal Epidemiology Surveillance Unit (MESU) or Provincial Epidemiology Surveillance Unit (PESU), shall submit reports to the Regional Epidemiology Surveillance Unit (RESU) using the Event-Based Surveillance System of the Epidemiology Bureau of DOH. (Refer to **ANNEX D** for the Directory of Regional Epidemiology Surveillance Units)
- E. Reporting to the DOLE shall be made in accordance with Section X of the DTI-DOLE Interim Guidelines on Workplace Prevention and Control of COVID-19 using the Work Accident/Illness Report (WAIR) COVID-19 form (**ANNEX F**).

#### **VI. Disinfection and Closure of Buildings/ Workplaces**

- A. If one confirmed case of COVID-19 is detected in the workplace, the facility shall be disinfected with an appropriate disinfectant solution (0.5% bleach solution). The conduct of a comprehensive disinfection by specialists is recommended.

The building must be locked down for 24 hours prior to disinfection to lessen transmission to sanitation personnel. During the disinfection process, all doors and windows should be opened to maximize ventilation. The building may only be opened 24 hours after the disinfection process.

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Director, HRAS  
Department of Trade & Industry

- B. Case clustering shall be defined as two or more confirmed cases from the same area/ facility whether in the same/ different office spaces.
- C. Employers are encouraged to develop their own company policies on the temporary closure of the workplace, disinfection, and more extensive contact tracing, in the event of case clustering to ensure continuity of operations.
- D. Employers shall ensure that the temporary closure of their establishments for disinfection purposes be done in accordance with the National Task Force Against COVID-19 Memorandum Circular No. 2 dated 15 June 2020 on the Operational Guidelines on the Application of Zoning Containment Strategy in the Localization of the National Action Plan against COVID-19 Response.
- E. Individual businesses and offices, regardless of the community quarantine status in their respective areas, must abide by the directives/advice of their LGU/CESU/RESU on building closure due to case clustering.

**VII. Leave of Absences and Entitlements**

- A. Use of leaves of absence and entitlements shall be governed by the pertinent rules and regulations promulgated by the DOLE.
- B. Hospitalization benefits of PhilHealth members shall be based on PhilHealth rules and regulations.
- C. Social Security Benefits shall be according to the policies and regulations of the Social Security System.
- D. Employee's Compensation Benefits shall be according to Presidential Decree No. 626 entitled Employee's Compensation and State Insurance Fund and its implementing rules and regulations.
- E. Employers are highly encouraged to provide sick leave benefits, medical insurance coverage, including supplemental pay allowance, for COVID 19 RT-PCR test-confirmed employees or close contacts made to undergo a 14-day quarantine .

**VIII. COMPLIANCE MONITORING AND ENFORCEMENT**

The DOLE, DTI and concerned LGU's Health and Sanitation Office shall strictly monitor compliance with this JMC through inspection and post-audit mechanisms.

In case of findings of non-compliance with this JMC, the private establishment shall be temporarily closed until full compliance with the prescribed minimum health protocols.

**IX. SEPARABILITY**

If any provision of this JMC is declared unconstitutional or void by any court of competent jurisdiction, or the applicability thereof to any person or circumstances is held invalid, the constitutionality and validity of the remainder of this JMC shall not be affected thereby, and to this end the sections and provisions hereof are declared to be severable.

**X. REPEALING CLAUSE**

All other DTI and/or DOLE circulars, rules or regulations inconsistent with this JMC are hereby repealed or modified accordingly.

# DOH Memorandum No. 2020-0220: Interim Guidelines on the Return-to-Work



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

May 11, 2020

## DEPARTMENT MEMORANDUM

No. 2020 - 0220

**TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND ALL OTHERS CONCERNED**

**SUBJECT: Interim Guidelines on the Return-to-Work**

### I. INTRODUCTION

Coronavirus disease 2019 (COVID-19) was first reported in December 2019 as a cluster of pneumonia cases of unknown etiology. Pursuant to the Memorandum from the Office of the President dated March 16, 2020, with the subject "Community Quarantine over the Entire Luzon and Further Guidelines for the Management of the Coronavirus Disease 2019 (COVID-19) Situation," among the recommended guidelines included work suspension.

With the Enhanced Community Quarantine coming to an end, the Department of Health (DOH) shall implement these interim guidelines aimed to prevent, control, and diminish infection in the workplace.

### II. GENERAL GUIDELINES

1. Employers in the workplace shall adopt business continuity plans to prevent the spread of COVID-19. Employers shall develop a work arrangement that will reduce the number of people in the workspace and also reduce the need to travel, including work from home arrangements to those whose tasks can be done at home, and among employees at high risk. This includes employees beyond 60 years of age, or of any age with co-morbidities, or pre-existing illness such as hypertension, diabetes, cancer or immunocompromised health status, or with high-risk pregnancy.

2. Social support that will facilitate compliance must be in place. This includes appropriate policies on sick leave and medical insurance coverage to accommodate the COVID-19 situation, and pay allowance from the employer.
3. Workplace facilities shall screen returning employees/workers for influenza-like symptoms. Temperature checks and proper disinfection of inbound and outbound persons shall be strictly implemented.
4. Non-pharmaceutical interventions should be implemented in the workplace such as infection prevention and control measures such as hygiene promotion, environmental cleaning, disinfection, physical distancing, health education, and other public health and safety measures indicated in the Joint Department of Trade and Industry and Department of Labor Employment Interim Guidelines on Workplace Prevention and Control of COVID-19.

### **III. SPECIFIC GUIDELINES**

#### **A. Engineering and Administrative Control Measures**

1. The employer must ensure that the workspace is properly disinfected, ventilated, and maintained.
2. The employer shall also provide proper visual reminders for safety policies around the workplace to improve compliance.
3. The employer may also adopt and implement alternative working arrangements indicated in the Civil Service Commission Memorandum Circular 10, series of 2020, and Joint Department of Trade and Industry and Department of Labor Employment Interim Guidelines on Workplace Prevention and Control of COVID-19.

#### **B. Implementation of Other Prevention and Control Measures**

1. Conduct daily temperature and symptom monitoring and recording of all staff who report for work.
2. Establish referral network for employees who will develop symptoms.
3. Employers must enforce infection control procedures such as physical distancing, wearing of masks, meticulous hand hygiene, and cough etiquette as stipulated in AO 2020-0015 on the Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation. Appropriate PPE shall also be worn based on the setting of their work (e.g. face shields and masks for those who render service via face-to-face encounters, full PPE for frontline healthcare workers, etc.).
4. Employers shall implement activities to promote physical and mental resilience among their employees and workers, and ensure other measures to reduce transmission, contact rate and risk of infection of COVID-19, as indicated in the Joint DTI and DOLE guidelines.

### C. Screening of Returning Employees and Workers

1. Returning employees and workers physically reporting to their place of employment shall be screened for symptoms of COVID-19, including fever, cough, colds and other respiratory symptoms, and/or relevant history of travel or exposure within the last 14 days.
  - a. The following exposures should have happened two (2) days before or within 14 days from onset of symptoms of a confirmed or probable case:
    - 1) Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes
    - 2) Direct physical contact with a confirmed case
    - 3) Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
2. Returning employees and workers **who are symptomatic with relevant history of travel/exposure** on the date of work resumption shall not be allowed to physically return to work and must consult with their primary care provider. The use of telemedicine is encouraged for proper care and coordination.
3. Returning employees and workers **who were symptomatic with relevant history of travel/exposure** within the last fourteen (14) days prior to the date of work resumption shall present the Certificate of Quarantine Completion duly issued by the step-down care facility or local health office, whichever is applicable based on the latest DOH guidelines on reintegration of suspect, probable, and confirmed COVID-19 cases.
4. If **asymptomatic** within the last fourteen (14) days prior to the date of work resumption, employees and workers can be cleared to physically return to work.

### D. Testing of Asymptomatic Returning Employees

1. While testing is an important component of response against COVID-19, limitations on their reliability and validity shall be recognized.
2. Employers who opt to conduct testing may do so in a representative sample of those who have returned to work physically and have a high risk of contracting COVID-19 due to the nature of the work (e.g. frontliners).
3. Testing using RT-PCR among representative samples for baseline can be conducted to look for any evidence of asymptomatic transmitters (Annex A).
  - a. If tested **positive**, the returning employee/worker is a COVID-19 case and will be isolated and referred accordingly for appropriate management. All close contacts shall be isolated and tested accordingly based on Department Memorandum 2020-0180.
  - b. If found **negative**, returning employee and worker can continue working with usual precautions.

- c. If initially tested negative but developed symptoms, the employee must be tested accordingly based on Department Memorandum 2020-0180.
    - i. If found positive, all close contacts of returning employees and workers shall be isolated and tested accordingly based on Department Memorandum 2020-0180.
  - d. Employers shall report the results to DOH in accordance with Administrative Order No. 2020-0013, entitled “Revised Guidelines for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health” and Administrative Order No. 2020-0014 entitled “Guidelines in Securing a License to Operate a COVID-19 Testing Laboratory in the Philippines.”
4. Alternatively, testing using FDA-approved rapid antibody-based tests among representative samples for baseline can also be conducted up to every 14 days.
- a. Employees who test **IgM negative and IgG negative**, or **IgG positive regardless of IgM results** may continue to work.
  - b. Employees who test **IgM positive but IgG negative** on the 1st test shall be isolated for 14 days and repeat testing on the 14th day. If results are still IgM positive and IgG negative, extend quarantine by seven-day increments and repeat testing. If persistently IgM positive but IgG negative for two consecutive retestings after the 1st 14 day period, consider potential false positives and confer with infectious diseases specialists.
  - c. Employers shall submit to [hrtucovid19results@gmail.com](mailto:hrtucovid19results@gmail.com) the results of the rapid antibody tests among the sample representatives using the format available on <https://bit.ly/RDTReportingForm>.
5. Cost of the test not covered by PhilHealth shall be borne by the employer.

For strict compliance.

  
FRANCISCO T. DUQUE III, MD, MSc  
Secretary of Health

**Annex A. Decision Matrix for Sample Representative of Asymptomatic Employees with Relevant History of Travel and/or Exposure**

**Using RT-PCR as Baseline**

<b>RT-PCR Result</b>	<b>Action</b>
<b>Positive</b>	<ul style="list-style-type: none"> <li>● Isolate, manage and refer accordingly.</li> <li>● All close contacts shall be isolated and tested with RT-PCR as well.</li> </ul>
<b>Negative</b>	May continue working with usual precautions.

*If symptoms develop, test using RT-PCR. Cost of testing for symptomatic returning employees shall be subject to PhilHealth policies. All costs not covered by PhilHealth shall be borne by the employer.*

**Using Rapid Antibody Test every 14 days**

<b>IgM</b>	<b>IgG</b>	<b>Action</b>
(-)	(+)	Not actively infected. May continue working with usual precautions.
(-)	(-)	
(+)	(+)	
(+)	(-)	Isolate for 14 days. Repeat testing on day 14 of quarantine. <ul style="list-style-type: none"> <li>● If results are still IgM positive and IgG negative, extend quarantine by seven-day increments and repeat testing.</li> <li>● If persistently IgM positive but IgG negative for two consecutive retestings after the 1st 14 day period, consider potential false positives and confer with infectious diseases specialists.</li> </ul>

# DOH Memorandum No. 2020-0200: Omnibus Interim Guidelines for the Quarantine and Testing Procedures for All Arriving Overseas Filipinos (OFWs) and Foreign Nationals during the Coronavirus Disease 2019 (COVID-19) Pandemic



Republic of the Philippines  
Department of Health  
OFFICE OF THE SECRETARY

01 May 2020

DEPARTMENT MEMORANDUM  
No. 2020 - 0200

TO: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT; MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO; EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS AND NATIONAL NUTRITION COUNCIL; CHIEFS OF MEDICAL CENTERS, HOSPITALS, SANITARIA AND INSTITUTES; PRESIDENT OF THE PHILIPPINE HEALTH INSURANCE CORPORATION; DIRECTORS OF PHILIPPINE NATIONAL AIDS COUNCIL AND TREATMENT AND REHABILITATION CENTERS AND OTHERS CONCERNED

SUBJECT: Omnibus Interim Guidelines for the Quarantine and Testing Procedures for All Arriving Overseas Filipinos (OFs) and Foreign Nationals During the Coronavirus Disease 2019 (COVID-19) Pandemic

## I. Background

The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) issued Resolution No. 26 dated 20 April 2020, which mandated the conduct of rapid antibody testing for COVID-19 for all arriving Overseas Filipino Workers (OFWs), to wit:

*"All arriving Overseas Filipino Workers (OFWs), whether land-based or sea-based, shall be required to undergo a mandatory fourteen-day facility-based quarantine, and shall be subject to rapid antibody testing for COVID-19 in accordance with Department Memorandum 2020-0180 issued by the Department of Health."*

In addition, the IATF-EID issued Resolution No. 29 dated 27 April 2020, which enjoined the Sub-Task Group for the Repatriation of OFWs to explore the use of Reverse Transcription-Polymerase Chain Reaction (RT-PCR) on repatriating OFWs, to wit:

*"The National Task Force COVID-19 and the Sub-Task Group for the Repatriation of Overseas Filipino Workers (OFWs) are directed to explore the utilization of Reverse Transcription-Polymerase Chain Reaction (RT-PCR) tests for OFWs returning from high-risk jurisdiction."*

Lastly, IATF-EID Resolution No. 30 dated 29 April 2020 was issued to clarify how all Overseas Filipinos (OFs), which include OFWs and non-OFWs, shall be managed during the COVID-19 pandemic, to wit:



*"A special batch of around two hundred (200) Overseas Filipinos (OFs) from Milan, Italy shall be subjected to RT-PCR test upon arrival. Those who test negative shall be exempted from the requirement of facility-based quarantine, and shall be allowed to proceed to their respective destinations and undergo a mandatory fourteen-day home quarantine;*

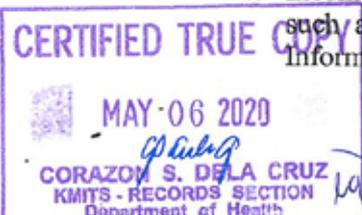
*The NTF COVID-19 Chief Implementer is hereby authorized to exercise discretion in utilizing RT-PCR or rapid antibody test kits to facilitate the speedy management or processing of more or less sixteen thousand (16,000) OFWs who are currently in quarantine facilities, and arriving foreign nationals;*

*All arriving non-OFWs shall be managed in accordance with the updated algorithm for the triage and management of repatriated OFWs from high-risk or other jurisdictions issued by the Department of Health and the Bureau of Quarantine;"*

This Department Memorandum (DM) provides the guidelines pursuant to the foregoing mandates, to consolidate all interim quarantine and testing guidelines for all OFs, and to include in its coverage all foreign nationals arriving in the Philippines.

## II. General Guidelines

- A. Repatriated OFs shall include OFWs, whether documented or undocumented; Non-OFWs such as returning students, scholars, exchange visitors, diplomats, and tourists, among others; and, their dependents.
- B. All OFs and foreign nationals arriving at an airport shall undergo quarantine and testing procedures illustrated in **Annex A**.
- C. All OFs arriving at a seaport via vessels used as conveyance or transport vehicle shall undergo quarantine and testing procedures illustrated in **Annex B**.
- D. All OFs arriving at a seaport via vessels used as quarantine facilities shall undergo quarantine and testing procedures illustrated in **Annex C**.
- E. The interpretation and decision flow of all COVID-19 test results, whether RT-PCR or Rapid Antibody Test, shall follow the algorithm illustrated in **Annex D**.
- F. Stringent Quarantine shall refer to quarantine protocols imposed upon the following:
  1. Sea-based OFs coming from a ship or vessel classified as high-risk by the DOH-Bureau of Quarantine (BOQ) Repatriation Core Group based on the presence of any or a combination of the following conditions:
    - a. Ship or vessel with reported confirmed COVID-19 case;
    - b. Ship or vessel with reported crew or passenger showing influenza-like signs and symptoms prior to departure and/or during voyage; and,
    - c. Incomplete submission of pre-arrival evaluation documentary requirements, such as latest Maritime Declaration of Health, accomplished Repatriation Information Sheets 1 and 2 (see Annex E), among others.



2. Land-based OFs and foreign nationals who are coming from a high-risk place of origin or lay-over identified as areas with high level of community transmission according to the latest issuance of the WHO COVID-19 Situation Report; and,
3. Any individual OF or foreign national who has been assessed to have influenza-like signs and symptoms by a QMO upon arrival at a port of entry.

All OFs and foreign nationals classified for Stringent Quarantine shall be under the supervision of the BOQ for the duration of the quarantine period.

- G. Mandatory Quarantine shall refer to quarantine protocols imposed upon all other OFs and foreign nationals who are not classified for Stringent Quarantine. All OFs and foreign nationals classified for Mandatory Quarantine shall be under the supervision of the Overseas Workers Welfare Administration (OWWA) and Philippine Coast Guard (PCG).

### III. Specific Guidelines

- A. All OFs and foreign nationals arriving at an airport shall be subject to the following procedures:

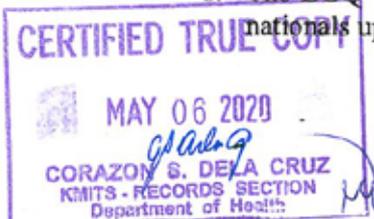
1. All sea-based OFs arriving at an airport shall be subject to pre-arrival evaluation for risk-assessment of the vessel of origin by the DOH-BOQ Repatriation Core Group and, upon arrival, individual thermal scanning and medical assessment by a Quarantine Medical Officer (QMO), which shall be the basis for classifying OFs as either for Stringent Quarantine or for Mandatory Quarantine.
2. All land-based OFs (i.e. returning OFWs, returning students, exchange visitors, tourists, etc.) and foreign nationals arriving at an airport shall be subject to evaluation upon arrival for cohort risk-assessment based on the latest issuance of the World Health Organization COVID-19 Situation Report and individual thermal scanning and medical assessment by a QMO, which shall be the basis for classifying OFs and foreign nationals as either for Stringent Quarantine or for Mandatory Quarantine.
3. All OFs and foreign nationals classified for Stringent Quarantine shall undergo the following:
  - a. All OFs and foreign nationals for Stringent Quarantine shall undergo RT-PCR COVID-19 testing conducted by DOH-Licensed COVID-19 Testing Laboratory at the port of entry or designated quarantine facility;
  - b. All OFs and foreign nationals shall stay in a BOQ-approved Stringent Quarantine Facility until the RT-PCR COVID-19 test results are released; *Provided*, That foreign nationals who are holders of 9(e) visas and their dependents, may be allowed to stay in a BOQ-approved hotel quarantine facility of their own choice and expense.



- c. OFs and foreign nationals who shall yield negative RT-PCR COVID-19 test results shall be allowed to discontinue facility-based Stringent Quarantine;

*Provided*, That they undergo 14-day home quarantine at their respective domicile, residence or appropriate local monitoring facilities.

- d. OFs and foreign nationals who shall yield positive RT-PCR COVID-19 test results shall be extracted from the Stringent Quarantine Facility and transferred to a referral hospital or Temporary Treatment and Monitoring Facility (TTMF) coordinated by the DOH Health Emergency Management Bureau (HEMB) for further medical management in accordance with the COVID-19 protocol set by the DOH. Once cleared for discharge, the OFs or foreign nationals shall undergo 14-day home quarantine.
4. All OFs and foreign nationals classified for Mandatory Quarantine shall undergo Rapid Antibody COVID-19 testing upon arrival as baseline, and 14-day Mandatory Quarantine at an OWWA-designated Mandatory Quarantine Facility; *Provided*, That, if logistics and supplies permit or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR COVID-19 testing may be performed in accordance with Section III.A.3 of this DM.
5. All foreign nationals who are holders of 9(e) visas and their dependents and who are classified for Mandatory Quarantine, may undergo RT-PCR COVID-19 testing conducted by a DOH-Licensed COVID-19 facility at their own expense, at the port of entry, or at a BOQ-approved hotel quarantine facility of their own choice and expense; *Provided*, That if the RT-PCR COVID-19 test yields a negative result, he/she will be allowed to undergo 14-day home quarantine at his/her respective domicile, residence or lodging.
6. All OFs and foreign nationals classified for Mandatory Quarantine who have not been subjected to RT-PCR COVID-19 testing shall undergo Rapid Antibody Testing at the end of the 14-day Mandatory Quarantine and shall be managed in accordance with DOH DM No. 2020-0180 or the "Revised Interim Guidelines on Expanded Testing for COVID-19", dated 16 April 2020, which provides:  
  
*"The results at the end of 14-day quarantine are to be interpreted as follows:*
  - a) *If both IgM/IgG remain negative, release from quarantine*
  - b) *If IgG-positive and asymptomatic, release from quarantine*
  - c) *IgM-positive but IgG-negative, extend quarantine by seven-day increments and repeat testing. If persistently IgM-positive but IgG-negative for two consecutive retestings after the 1<sup>st</sup> 14-day period, consider potential false positives and confer with infectious disease specialists.*
  - d) *If the patient becomes symptomatic anytime during quarantine, perform a nasal swab for RT-PCR."*
7. All OFs and foreign nationals who are financially capable to pay for their own food and accommodation may be allowed to stay in BOQ-approved or OWWA-designated hotel quarantine facility of their choice; *Provided*, That they have been properly endorsed by the BOQ or OWWA to the officer-in-charge of the quarantine facility, and that they shall strictly observe quarantine protocols.
8. The BOQ shall issue the Unified Quarantine Certificate to the OFs and foreign nationals upon discharge from Stringent or Mandatory Quarantine Facilities.

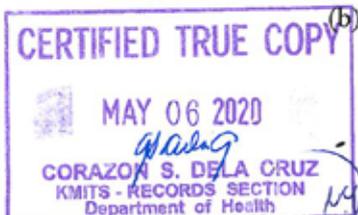


B. All OFs arriving at a seaport shall be subject to the following procedures:

1. All incoming sea vessels shall be subject to pre-arrival evaluation for risk-assessment of the vessel by the DOH-BOQ Repatriation Core Group, which shall be the basis for classifying the entire ship and its crew as either for Stringent Quarantine or for Mandatory Quarantine.
2. All OFs arriving via **vessels used as conveyance or transport vehicle** shall be subject to the following requirements and procedures:
  - a. Requirements for Vessels from Foreign Ports Upon Entry in Any Philippine Port
    - i. All arriving cruise ships shall be subjected to Republic Act (RA) no. 9271 or "The Quarantine Act of 2004."
    - ii. The ship captain shall report cases of influenza-like symptoms or COVID-19 cases prior to travel to the Philippines.
    - iii. The ship captain shall submit the Notice of Arrival (NOA) one week before the estimated time of arrival. The NOA shall indicate the purpose of call and vessel activity.
    - iv. The ship handling agency shall accomplish all facilitation requirements prior to the arrival of the vessel.
    - v. The ship captain shall enforce segregation of Filipino repatriate crew and servicing crew upon departure from last port:
      - (a) One Filipino repatriate crew per individual cabin;
      - (b) Male and female shall be segregated per floor;
      - (c) Filipino repatriate crew in the high-risk group (e.g. >60 years old, with co-morbidities, and pregnant) shall be billeted near the ship's hospital/medical clinic;
      - (d) Filipino repatriates with special needs (e.g. injured, PWD) shall be billeted near the ship's hospital/medical clinic;
      - (e) Only the service crew shall provide the basic needs of the OF repatriate crew, work their regular task, and function in ship keeping; and,
      - (f) All Filipino repatriate crew shall be exempted from non-emergency duties.
    - vi. The ship captain shall declare their health profile required by the BOQ as follows:
      - (a) The ship captain shall provide duly accomplished documents such as date of departure from port of origin, ship's particulars, quarantine protocols observed during the voyage, and COVID-19 testing done, if any; and,
      - (b) The ship physician shall submit medical log of passengers and crew, hospital facility capacity, medical treatment protocol for COVID-19 and other respiratory illnesses.
    - vii. The QMO shall conduct the Quarantine Inspection and Clearance at the quarantine anchorage; the ship handling agency shall provide water transport for the QMO.
  - b. Procedure and Requirements for Disembarkation from Vessels from Foreign Ports Upon Arrival in Any Philippine Port
    - i. Infection Prevention and Control Protocols shall be observed at all times en route to any Philippine Port:



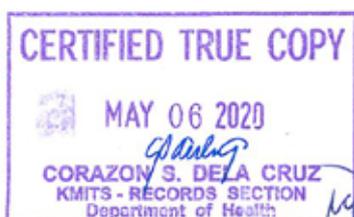
- (a) Documentation of Infection Prevention and Control protocols observed from the port of origin to the Philippine port shall be submitted to BOQ, signed by ship captain and ship physician.
  - (b) Day Zero of the 14-day quarantine period shall commence upon departure from last port of call, regardless of port call (i.e. technical stop). The Filipino repatriate crew shall stay in individual cabins upon departure from last port of call. The ship physician shall accomplish daily logs of temperature and reporting of signs and symptoms of the Filipino repatriate crew.
  - (c) Servicing Filipino crew shall not be interspersed with the Filipino repatriate crew. If the servicing Filipino crew shall sign off in the Philippines, their 14-day quarantine period shall commence upon cessation of service or, if the quarantine period falls short of 14 days, they shall undergo COVID-19 testing in accordance to existing guidelines prior to disembarkation and shall stay in individual cabins/hotel rooms in a designated quarantine facility.
- ii. Routine Quarantine Inspection and Clearance
- (a) Vessel quarantine arrival protocol shall be observed: the vessel anchor shall be dropped at quarantine anchorage, yellow flag shall be hoisted at its foremast, and lee shall be provided to QMO upon boarding.
  - (b) All repatriated Filipino crew and servicing crew shall undergo routine thermal screening and shall submit a fully-accomplished Health Declaration Card (HDC).
  - (c) The ship captain or ship physician shall provide the QMO with duly accomplished documents necessary to comply with Philippine health regulations (i.e. medical log, Maritime Declaration of Health, crew list, voyage memo, temperature monitoring and other pertinent documents).
  - (d) All repatriated Filipino crew shall be profiled through the Health Profile submissions.
  - (e) The ship captain or ship physician shall report influenza-like symptoms and COVID-19 cases, if any, onboard.
- iii. Issuance of Free Pratique
- (a) Free Pratique shall be issued to a vessel upon compliance with the following:
    - (1) Non-existence of contagious disease onboard;
    - (2) Valid Ship Sanitation Certificate; and,
    - (3) Submission of Maritime Declaration of Health and other pertinent documents.
- iv. Disembarkation of Repatriated Crew
- (a) Only repatriated Filipino crew and signing-off Filipino service crew shall be allowed to disembark; *Provided*, That if the sea voyage from the last port of call is less than 14 days, the repatriates shall complete the 14-day Stringent Quarantine in a BOQ-approved quarantine facility, or in case of Mandatory Quarantine, in an OWWA-designated quarantine facility, counting from the day of departure from the last port of call; *Provided further*, That COVID-19 testing regulations and guidelines for all OFs arriving in the Philippines, as provided in this DM, shall apply.
  - (b) All other requirements of the Bureau of Immigration and the Bureau of Customs shall be observed.



- c. Procedure for Vessel Departure
    - i. All outgoing vessels shall secure issuance of Quarantine Outgoing Clearance; and,
    - ii. All Clearances from other Port Authorities shall be secured.
3. All OFs arriving via **vessels used as quarantine facilities** shall be subject to the following requirements and procedures:
- a. General Guidelines for Vessel Used as a Quarantine Facility
    - i. The use of cruise ships as quarantine facility shall be subject to the pertinent provisions of RA no. 9271 or the "Quarantine Act of 2004."
      - (a) The cruise ship to be used as quarantine facility shall hoist the Lima Flag at all times.
      - (b) Embarkation or disembarkation, vessel movement, and conduct of activities shall not be allowed without the clearance of the Director of the BOQ.
    - ii. Infection Prevention and Control shall be observed at all times. Proper PPEs shall be worn by all personnel in the quarantine facility.
    - iii. All Filipino repatriates shall undergo COVID-19 testing in accordance with the guidelines set forth by this DM prior to disembarkation.
    - iv. The QMO shall enforce segregation of the servicing crew from the Filipino repatriates for the duration of the quarantine.
    - v. The cruise ship and/or the LMA shall provide basic services to the Filipino repatriates.
    - vi. The cruise ship and/or the LMA shall provide the Filipino repatriates the basic necessities for the duration of the 14-day quarantine (i.e. toiletries, beddings, trash bags, etc.) and shall be prepositioned for the 14-day consumption to minimize the frequent encounters between working crew and Filipino repatriates.
    - vii. The cruise ship used as quarantine facility shall be safely moored at a designated berth for accessibility in case of emergencies and for routine monitoring.
    - viii. The ship captain shall state the number of cabins available for quarantine holding rooms. Cabins shall be well-lit and well-ventilated. Windowless cabins shall have continuous air-conditioning.
    - ix. The vessel air conditioning system's filtration system shall be routinely cleaned and shall be capable of screening of particulate matter up to 0.3 microns (i.e. High Efficiency Particulate Air (HEPA) Filters, Ultraviolet Light Air Filtration, and Electrostatic Air Purifiers capable of trapping or killing viruses).
    - x. The vessel's medical staff shall record daily temperature monitoring, conduct checking for signs and symptoms as well as triaging and report to the BOQ.
    - xi. The vessel security personnel shall coordinate with PCG and Philippine National Police-Maritime Group (PNP-MG), which shall provide seaside and landside security.
    - xii. Provisions for the Filipino repatriates shall be provided by the cruise ship and/or the LMA.



- xiii. All crew movement in and out of cruise ship area shall be cleared by the Bureau of Immigration. All cargo movement and provision resupply shall be cleared by the Bureau of Customs.
  - xiv. All repatriated Filipino crew, who have not completed the 14-day quarantine period and without official results of COVID-19 Testing, shall stay in individual rooms until release of the COVID-19 test result.
  - xv. Ambulance conduction and referral to the nearest referral hospital shall be provided by Bureau of Quarantine or DOH HEMB.
- b. Complete Compliance to the Quarantine Requirements for Repatriation
- i. All repatriating Filipino crew shall undergo Rapid Antibody COVID-19 Testing upon arrival as baseline, and 14-day Mandatory Quarantine; *Provided*, That, if logistics and supplies permit or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed and shall follow Section III.A.3. of this DM.
  - ii. All repatriating Filipino crew who have not been subjected to RT-PCR testing shall undergo Rapid Antibody Testing at the end of the 14-day Mandatory Quarantine and shall be managed in accordance with pertinent provisions of DOH DM no. 2020-0180 or the "Revised Interim Guidelines on Expanded Testing for COVID-19", dated 16 April 2020, as stated in Section III.A.5 of this DM.
  - iii. Daily temperature monitoring and checking for signs and symptoms shall be conducted and recorded by the medical personnel.
  - iv. Triaging of symptomatic patients shall be conducted in ship's hospital/medical clinic.
- c. Disembarkation of Foreign Servicing Crew
- i. Advance Notice of Disembarking Foreign Crew shall be submitted to concerned authorities prior to departure from last port.
  - ii. All joining foreign crew at the last port shall not be allowed to disembark in any Philippine port.
  - iii. Only foreign servicing crew without signs and symptoms with confirmed outbound flights shall be allowed to disembark; *Provided*, That the outbound flight is within 4 hours from disembarkation.
  - iv. Overnight stay in local hotels shall not be allowed.
  - v. Upon disembarkation, the foreign crew shall wear a face mask in transit from vessel to airport of destination.
  - vi. Disembarkation of foreign servicing crew shall only apply to cruise ships to be used as a Quarantine Facility.
  - vii. All other requirements of the Bureau of Immigration and the Bureau of Customs shall be observed.
- d. Servicing of Vessel
- i. Bunkering and resupplying of provisions shall be accomplished without disrupting normal function of the vessel as a quarantine facility.
  - ii. All other servicing of the vessel shall be coordinated with the Medical Supervisor of the quarantine facility.



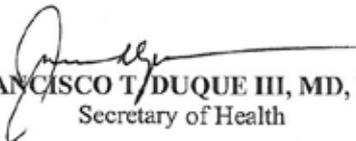
e. Waste Disposal

Accredited waste collectors shall be allowed to collect waste stored in vessel waste repository; *Provided*, That waste collectors shall wear proper PPEs during waste collection.

**IV. Repealing Clause**

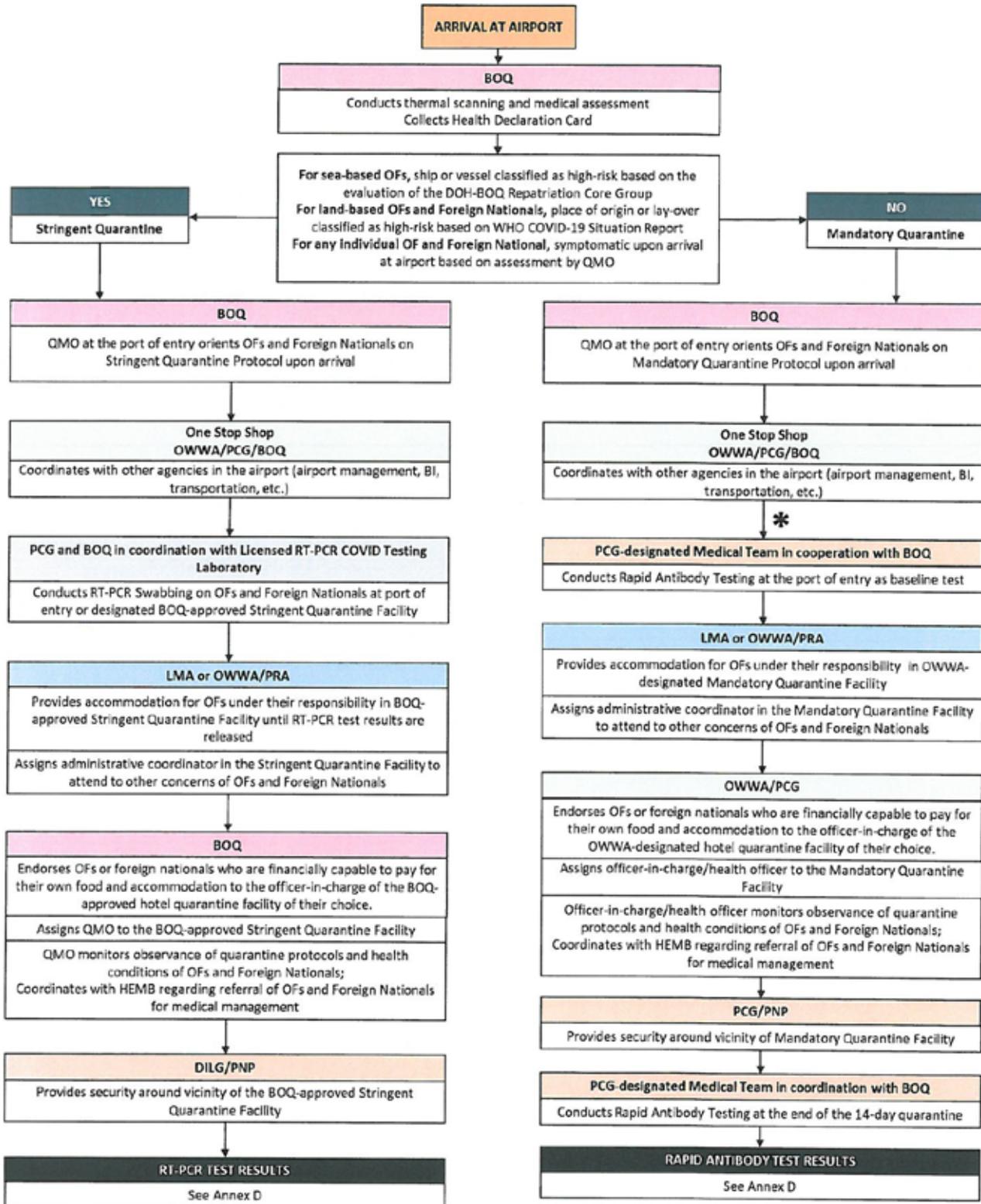
Provisions of DOH DM no. 2020-0181 or the "Revised Interim Guidelines on the Mass Repatriation and Mandatory Quarantine of Overseas Filipinos (OF) Working in Cruise Ships during the Coronavirus Disease 2019 (COVID-19) Pandemic" dated 16 April 2020; DOH DM no. 2020-0182 or the "Revised Interim Guidelines on the Mass Repatriation and Mandatory Quarantine of Land-based Overseas Filipinos (OFs) during the Coronavirus Disease 2019 (COVID-19) Pandemic" dated 16 April 2020; BOQ MC no. 2020-017 or the "Guidelines For Use Of Cruise Ship As Quarantine Facility" dated 16 April 2020; BOQ MC no. 2020-018 or the "Guidelines For Repatriation Via Cruise Ships And Other Maritime Vessels," dated 16 April 2020; BOQ MC no. 2020-019 or the "Guidelines for the Quarantine and Testing Procedures of Repatriated Land-based and Sea-based Overseas Filipino Worker" dated 21 April 2020; and other related issuances inconsistent with or contrary to this DM are hereby repealed, amended, or modified accordingly. All other provisions of existing issuances, which are not affected by this DM shall remain valid and in effect.

For strict compliance of all concerned.

  
FRANCISCO T. DUQUE III, MD, MSc  
Secretary of Health

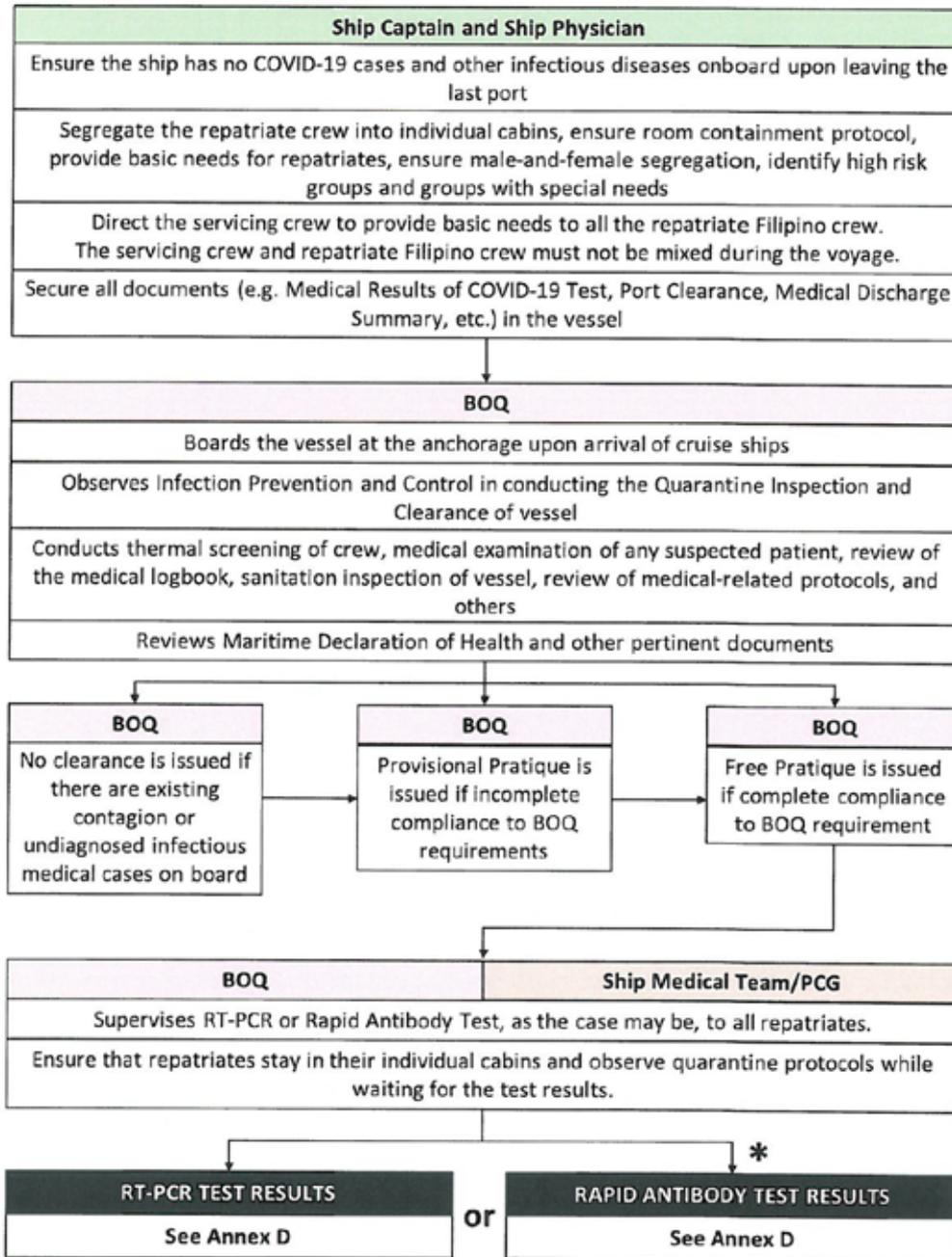


## ANNEX A: Unified Algorithm for OFs and Foreign Nationals Arriving at an Airport



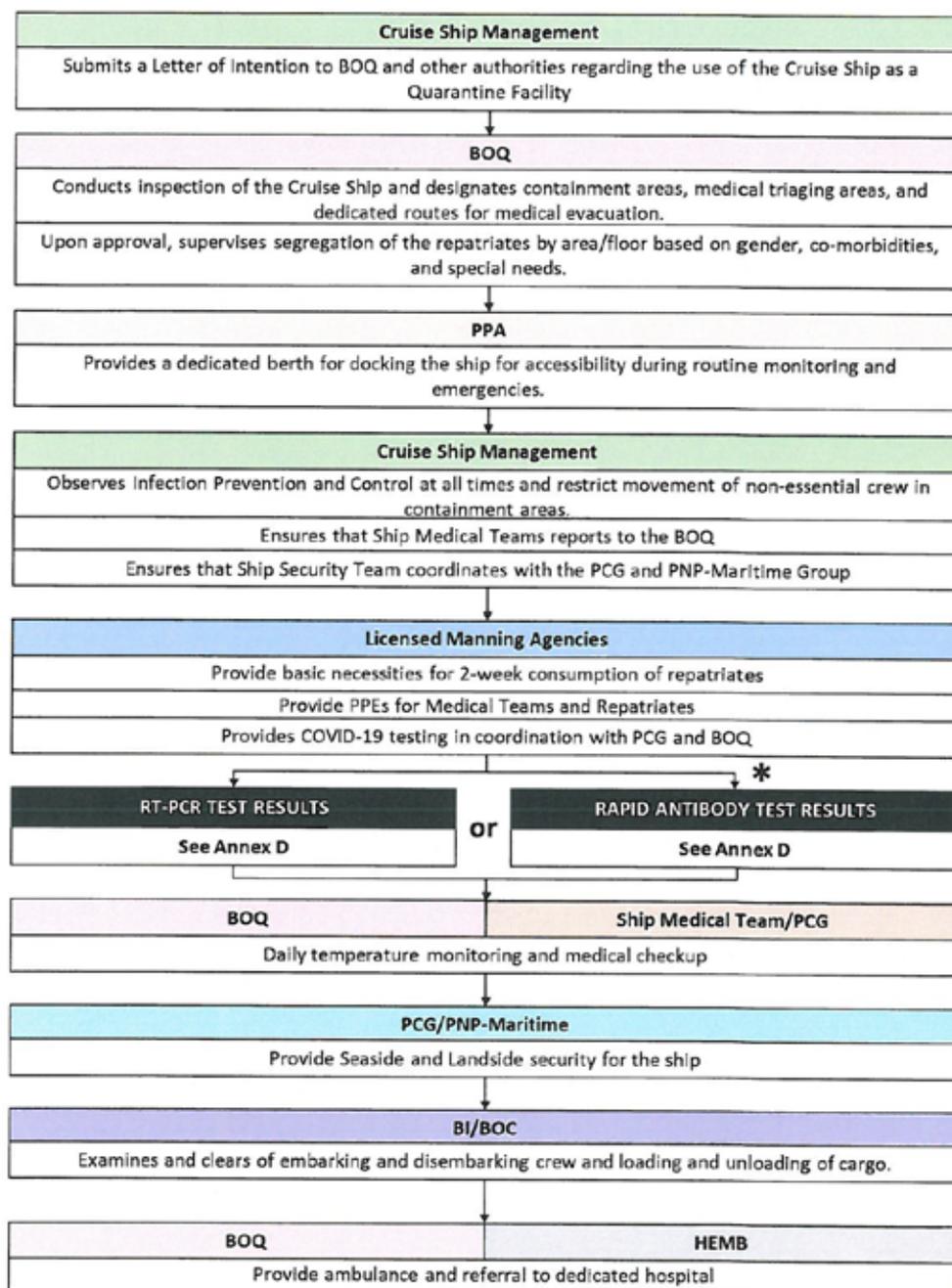
\* If logistics and supplies permit, or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed for OFs and Foreign Nationals under Mandatory Quarantine. Interpretation of RT-PCR Test results shall follow the corresponding flowchart in Annex D.

**ANNEX B: Algorithm for All OFs Arriving at a Seaport Via Vessels Used as Conveyance or Transport Vehicle**



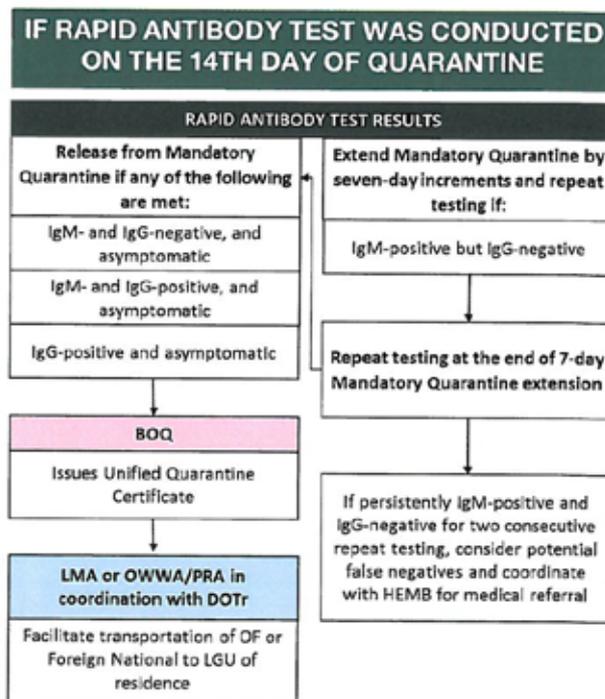
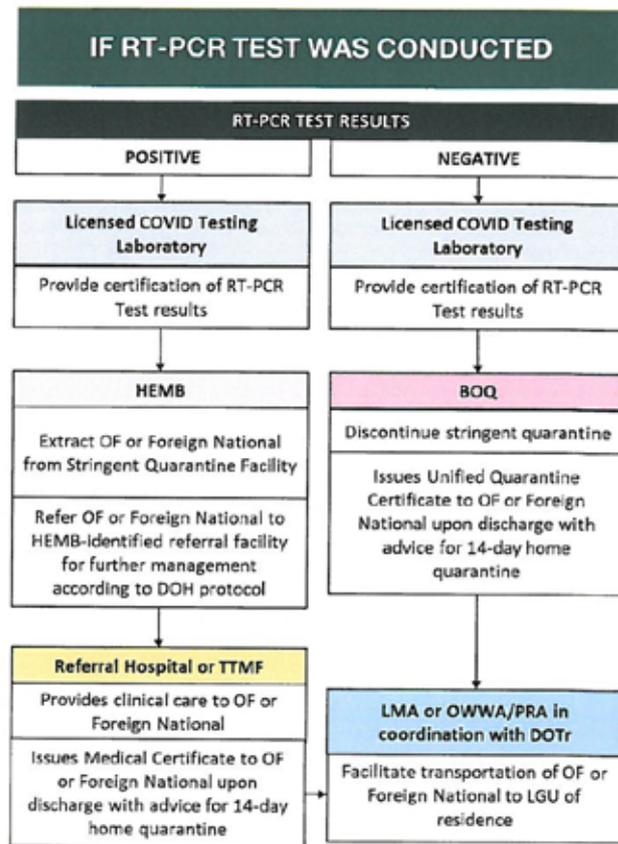
\* If logistics and supplies permit, or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed for OFs and Foreign Nationals under Mandatory Quarantine. Interpretation of RT-PCR Test results shall follow the corresponding flowchart in Annex D.

## ANNEX C: Algorithm for All OFs Arriving at a Seaport Via Vessels Used as Quarantine Facilities



\* If logistics and supplies permit, or under the discretion of the NTF COVID-19 Chief Implementer, RT-PCR testing may be performed for OFs and Foreign Nationals under Mandatory Quarantine. Interpretation of RT-PCR Test results shall follow the corresponding flowchart in Annex D.

**ANNEX D: Algorithm for the Interpretation and Decision Flow of COVID-19 Test Results**



**ANNEX E: Repatriation Information Sheet 1 and 2**  
**Repatriation Information Sheet 1**

To be accomplished by the Licensed Manning Agency.

<b>I. VESSEL INFORMATION</b>			
<b>Name of Vessel:</b>		<b>Licensed Manning Agency (LMA):</b>	
<b>Originating Country:</b>			
<b>Name of LMA representative in the Philippines:</b>		<b>Contact Details:</b> Cellphone:  Email:	
<b>II. NUMBER OF FILIPINO OVERSEAS AND FLIGHT INFORMATION</b>			
<b>No. of Repatriates:</b>	<b>Flight type:</b> __ Commercial	<b>Flight Details:</b> Airline:  Flight no.	<b>Turn Around Flight:</b>
	__ Chartered		<b>Layover Flight:</b>
<b>Expected Date and Time of Departure:</b> Date:  Time:	<b>Expected Date and Time of Arrival:</b> Date:  Time:	Airport of Origin:  Airport of Destination:	<b>Hotel:</b>  <b>Days of stay:</b>
<b>Name of LMA point person in the airport of destination at the time of arrival:</b>		<b>Contact Details:</b> Cellphone:	
<b>III. QUARANTINE FACILITY/HOTEL ACCOMMODATION:</b>			
<b>Name of Quarantine Facility/Hotel Accommodation:</b>		<b>Address and Contact Details:</b>	
<b>Name of contact person/manager in the Quarantine Facility/Hotel Accommodation:</b>		<b>Contact Details:</b> Cellphone:	
<b>Name of LMA point person in the Quarantine Facility/Hotel Accommodation:</b>		<b>Contact Details:</b> Cellphone:	

I hereby certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Position in the agency

\_\_\_\_\_  
Date

## Repatriation Information Sheet 2

To be accomplished by the Licensed Manning Agency.

<b>I. VESSEL INFORMATION</b>	
<b>Name of Vessel:</b>	<b>Licensed Manning Agency:</b>
<b>Originating Country:</b>	<b>No. of Repatriates<sup>(1)</sup>:</b>
<b>Name of LMA representative in the Philippines:</b>	<b>Contact Details:</b> Cellphone:  Email:
<b>II. HEALTH AND MEDICAL INFORMATION</b>	
<b>A. Did the vessel/facility of origin have a confirmed COVID-19 case?</b>	___ Yes ___ No <sup>(2)</sup>
<b>B. Did any of the repatriates show signs and symptoms of COVID-19 (i.e. fever, sore throat, cough, colds, difficulty of breathing, etc.) at the time of departure?</b>	___ Yes ___ No <sup>(3)</sup>
<b>C. Did the repatriates undergo COVID-19 testing?</b> If yes, what type? ___ RT-PCR ___ Rapid Antibody ___ Others (Please specify: _____) Date tested: _____	___ Yes <sup>(4)</sup> ___ No
<b>Did any of the repatriates test positive with COVID-19?</b> If yes, how many? _____	___ Yes ___ No <sup>(4)</sup>
<b>D. Did the repatriates complete 14 days of quarantine at the point of origin?</b> If yes, please provide these information: Date started: _____ Date completed: _____ Place of quarantine: _____	___ Yes <sup>(5)</sup> ___ No
<b>E. Were any of the repatriates disembarked/segregated based on conditions in "B" and/or "C" above?</b> If yes, how many repatriates were disembarked/segregated? _____ When was the last disembarkation/segregation conducted? _____	___ Yes ___ No

I hereby certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Position in the agency

\_\_\_\_\_  
Date

**Please attach the following documents, preferably in electronic format, upon completion of this form:**

- (1) List of Repatriates with the following information, among others: Name; Age; Sex; and, Contact Details (i.e. Cellular number and address in the Philippines);
- (2) Certificate of No Occurrence of COVID-19 in Vessel issued by the authorized certifying officer/agency;
- (3) Medical Certificate or Certificate of Good Health that no repatriate being sent is showing any sign and symptom of COVID-19, signed by the local health authority at the place of origin;
- (4) If done at the place of origin, certification that COVID-19 test (RT-PCR or Rapid Antibody) has been done and results are negative, signed by the local health authority; and,
- (5) If done at the place of origin, certification that the cohort of repatriates has completed 14-day quarantine, signed by the local health authority.

**Note: All certifying authority shall state his/her position, agency affiliation, address of agency, contact number, and e-mail address.**

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# DOLE Labor Advisory No. 18, s. 2020: Guidelines on the Cost of COVID-19 Prevention Measures



Republic of the Philippines  
DEPARTMENT OF LABOR AND EMPLOYMENT  
Intramuros, Manila



LABOR ADVISORY NO. 18  
Series of 2020

DOLE-PS 18 MAY 20 955

## GUIDELINES ON THE COST OF COVID-19 PREVENTION AND CONTROL MEASURES

Pursuant to Article 5 of the Labor Code of the Philippines, as amended, Department Order No. 198, Series of 2018 and Department Order No. 13, Series of 1998, this Guidelines is hereby issued.

**Section 1. Coverage.** – This Advisory shall apply to all employers, including contractors or subcontractors in the private sector.

**Section 2. Cost.** – The employer shall shoulder the cost of COVID-19 prevention and control measures such as but not limited to the following: testing, disinfection facilities, hand sanitizers, personal protective equipment (PPEs i.e, face mask), signages, proper orientation and training of workers including IEC materials on Covid-19 prevention and control.

In the case of contracts for construction projects and for security, janitorial and other services, the cost of COVID-19 prevention and control measures shall be borne by the principals or clients of the construction/service contractor. Provisions of existing contracts inconsistent herewith shall be deemed amended accordingly.

No cost related or incidental to COVID-19 prevention and control measures shall be charged directly or indirectly to the workers.

**Section 3. Provision of Assistance.** – The DOLE Regional Offices shall provide appropriate assistance to all employers and contractors or subcontractors to facilitate compliance to issued COVID-19 workplace prevention and control by the Department of Trade and Industry(DTI), Department of Health (DOH), Department of Labor and Employment (DOLE) and Department of Public Works and Highways (DPWH).

Be guided accordingly.

  
SILVESTRE H. BELLO III  
Secretary

16 May 2020

# DPWH Department Order No. 35, s. 2020: Construction Safety Guidelines for the Implementation of All DPWH Infrastructure Projects during the COVID-19 Public Health Crisis



Republic of the Philippines  
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS  
OFFICE OF THE SECRETARY  
Manila

097.13 DPWH  
05.04.2020

20-3856

MAY 04 2020

DEPARTMENT ORDER )  
NO. 35 )  
Series of 2020 *dl 05.04.2020* )

SUBJECT: Construction Safety Guidelines  
for the Implementation of All  
DPWH Infrastructure Projects  
During the COVID-19 Public  
Health Crisis

Pursuant to Presidential Proclamation No. 929, Series of 2020, which declared a State of Calamity throughout the Philippines due to the Coronavirus Disease 2019 (COVID-19), the Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines ("OG") dated 29 April 2020, and in view of the current COVID-19 public health situation and the extended implementation of the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ) in specified areas, please be informed that the Construction Safety Guidelines supplemental to the existing safety standards, herein attached as **Annex "1"**, must be strictly observed at all times in the implementation of all public and private infrastructure projects for the duration of this public health crisis.

## TYPE OF CONSTRUCTION PROJECTS THAT MAY BE IMPLEMENTED PURSUANT TO OMNIBUS GUIDELINES ON THE IMPLEMENTATION OF THE COMMUNITY QUARANTINE IN THE PHILIPPINES DATED 29 APRIL 2020

1. In the areas covered by Enhanced Community Quarantine (ECQ). The following construction projects are allowed:

- a. Quarantine facilities and isolation facilities (for Persons under Investigation, Persons under Monitoring and confirmed COVID-19 patients);
- b. Facilities for health sectors dealing with the said abovementioned persons;
- c. Facilities for construction personnel who perform emergency works, flood control and other disaster risk reduction and rehabilitation works

The Head of the Implementing Office shall issue accreditations to the contractors undertaking the aforementioned projects.

2. In the areas covered by General Community Quarantine (GCQ). The following essential public and private construction projects are allowed, such as but not limited to:

- a. sewerage projects
- b. water services facilities projects
- c. digital works
- d. health facilities
- e. priority projects

- f. other similar construction projects related to the basic human needs such as but not limited to food production, agriculture, shelter necessary to address housing backlog, energy, and communication.

## PENALTIES

Violation of any provision under the Construction Safety Guidelines (**Annex "1"**) shall be subject to the following penalties, without prejudice to the imposition of additional administrative sanctions as the internal rules of DPWH may provide and/or further criminal action that may be filed against such erring concessionaires, contractors, sub-contractors, and suppliers, as may be provided by applicable laws:

- *Termination of contract* for breach thereof resulting to default pursuant to Item III(A)(2)(c)(i), Annex I of the Implementing Rules and Regulations of Republic Act No. 9184 in relation to Section 37.2.3 of the same, which provides that bidding documents requiring bidders to know and be familiar with all existing laws, decrees, ordinances, acts, and regulations, including the Department Orders of DPWH, shall form part of the contract awarded, and refusal or failure to comply with the valid instruction of DPWH, as the procuring entity, shall justify the contract's termination;
- *Contract termination/rescission* under Section 12.21(b) of the Implementing Rules and Regulations of Republic Act No. 6957, as amended by Republic Act No. 7718 (BOT Law);
- *Referral to the Philippine Contractors Accreditation Board* of any such violation by the contractor/sub-contractor, which shall constitute as prima facie case of construction malperformance of grave consequence due to negligence, incompetence, or malpractice contemplated under DOLE D.O. No. 13, Series of 1998 and DPWH D.O. No. 56, Series of 2005 in relation to Republic Act No. 4566 (Contractors' License Law); and
- Institution of criminal action under Republic Act 11469 (Bayanihan to Heal as One Act).

These guidelines may be modified or revised as the circumstances may warrant or should the Inter-Agency Task Force for the Management of Emerging Infectious Diseases or the Office of the President issue new rules pertinent to these matters.

This Order shall take effect immediately.



**MARK A. VILLAR**  
Secretary

1.1 MIV/ESR

Department of Public Works and Highways  
Office of the Secretary





## **Construction Safety Guidelines for the Implementation of Infrastructure Projects During the COVID-19 Public Health Crisis**

Pursuant to Presidential Proclamation Nos. 922 and 929, Series of 2020 declaring a State of Public Health Emergency and Calamity throughout the Philippines due to COVID-19 and in view of the extended implementation of the Enhanced Community Quarantine (ECQ) and General Community Quarantine (GCQ), the following construction safety guidelines, supplemental to the existing safety standards, are hereby established for the construction of all private and public infrastructure projects, as the case may be.

### **A. Prior to Deployment**

1. Only persons from Twenty-One (21) to Fifty-Nine (59) years of age, without pre-existing health conditions, such as, but not limited to, immunodeficiency, comorbidities, or other health risks, including any person who resides with the aforementioned; and who did not come into contact with someone with COVID-19 shall be allowed to be included in the workforce. Employees or consultants who are Sixty (60) years of age or above may be part of the workforce for construction projects as may be allowed under GCQ and ECQ guidelines under Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines ("OG") dated 29 April 2020.
2. Construction personnel shall be required to undergo any available COVID-19 test, as may be prescribed by DOH, and retested as the need arises. In this regard, consultation with medical doctors (duly accredited by DOH, if possible) prior to the conduct of COVID-19 test shall be made.
3. The head of the concerned Implementing Office (IO) shall issue construction quarantine pass (QP) to the individual qualified personnel of the concessionaires, contractors, subcontractors, and suppliers, clearly stating the identification, designation, nature of work, validity and destination. (See **Annex "A"** – *Construction Quarantine Pass Format*) It is understood that the QP shall cover transit of personnel from (a) GCQ area to ECQ area, and vice versa and (b) an area not under community quarantine to a GCQ or ECQ area, and vice versa.
4. The concessionaires, contractors, subcontractors, and suppliers shall provide for their personnel/workers the necessary welfare facilities and amenities, such as employees' quarters for board and lodging, ensuring compliance to social distancing, proper hygiene,

etc. Contractors shall submit the design for the said welfare facilities and amenities, for monitoring, to the District Engineering Offices or Regional Offices concerned.

5. Contractors shall ensure that their projects are in compliance with DOLE D.O. NO. 13 series of 1998. Contractors shall provide their personnel and workers continuous supply of vitamins, particularly vitamin C, other over-the-counter medicines, quarantine facilities, and oxygen tanks for emergency purposes.
6. Contractors shall provide disinfection facilities in their respective project sites in compliance with pertinent DOH and IATF Guidelines, to be placed at strategic locations to ensure the safety and welfare of all personnel.
7. Proper information dissemination regarding COVID-19 construction protocols on top of existing construction safety practices shall be conducted by Safety Officers to all personnel.
8. For Government construction projects, personal records of all personnel necessary for contact tracing shall be submitted by the concessionaires, contractors, subcontractors, and suppliers to the DPWH IO and shall be resubmitted and updated monthly, or as the need arises. (See **Annex "B"** – *Worker's Records Log Format*)

## **B. During Deployment**

1. Conduct an inventory of works for the construction sequencing to be followed and undertaken to uphold the required social distancing. Break times shall be conducted in a staggered manner.
2. Employees shall be housed in their respective quarters for the entire duration of the project covered by the ECQ and GCQ. Otherwise, "Prior to Deployment" procedures shall be conducted at every instance of re-entry.
3. Errands to be conducted outside the construction site premises shall be kept to a minimum. Number of personnel running errands shall be limited and shall be properly disinfected and closely monitored for symptoms within fourteen (14) days upon re-entry.
4. Field offices, employees' quarters, and other common areas shall be regularly maintained including the daily disinfection of such facilities.
5. Adequate food, safe/potable drinking water, disinfectants, and hand soaps shall be made available by the concessionaires, contractors, subcontractors, and suppliers to its in-house personnel.

6. Daily monitoring of the pre and post work health conditions of workers shall be undertaken by the concessionaires, contractors, subcontractors, and suppliers including, but not limited to, temperature, health, and exposure monitoring, as preventive measures. Personnel with manifestations or symptoms relative to COVID-19 shall be immediately isolated and quarantined for fourteen (14) days and if necessary, brought to the nearest DOH COVID-19 treatment facility under strict confidentiality and privacy. Proper protocols in accordance with the DTI and DOLE Interim Guidelines on Work Place Prevention and Control of COVID-19 shall likewise be strictly observed. For Government construction projects, a daily health monitoring report to be prepared by the Safety Officer shall be submitted to the DPWH IO. (See **Annex "C"** – *Daily COVID-19 Surveillance Fill-Up/Checklist Form*)
7. Work activities shall be under daily strict monitoring by the Safety Officer at site to ensure compliance with safety standards and quarantine protocols.
8. For Government construction projects, the DPWH Engineers assigned at the site shall ensure strict compliance to DOLE D.O. 13, series of 1998, and implementation of wearing additional Personal Protective Equipment (PPE) required such as, but not limited to, face masks, safety glasses/goggles, face shields, and long sleeve T-shirts, to contain the spread of COVID-19 in the workplace. On the other hand, contractors for essential private construction projects under GCQ shall assign a full time safety officer devoted to ensure compliance with D.O. 13, series of 1998 and implementation of social distancing measures provided herein.
9. For off-site employees' quarters, transport service, duly disinfected before and after use, shall be provided, with social distancing observed.
10. Sharing of construction and office equipment is discouraged. However, if necessary, the shared equipment must be disinfected in between transfers amongst personnel.
11. All material and equipment delivery and disposal shall be conducted by a specific team of personnel on an isolated loading/unloading zone while limiting contact with the delivery/disposal personnel. All material and/or equipment entering the construction site shall be duly disinfected, as possible.
12. Non-essential personnel, visitors, and the general public shall be restricted to enter the construction site, employees' quarters, and field offices. Otherwise, all personnel entering the construction site premises on a temporary basis (e.g. Delivery truck drivers, inspectors, etc.) shall be properly logged and checked for symptoms. Gatherings, Liquors, and/or merry – making are strictly prohibited within the construction site premises.
13. Clustered and staggered deployment of employees within the construction site shall be observed to minimize personnel contact and for easier contact tracing.

14. Proper waste disposal shall be provided for infectious waste such as PPEs and other waste products coming from outside the construction premises.

For strict compliance



**MARK A. VILLAR**  
Secretary

6.1 ECG/EAA/AVM/MIV/ESR

Department of Public Works and Highways  
Office of the Secretary



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# PRACTICES FOR A SAFE WORKPLACE

International Container Terminal Services, Inc.